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EDITORIAL COMMENT



WHAT WE MAY LEARN FROM THE OLD COUNTRIES

MANY years before this JOURNAL came into existence the Editor of the Foreign Department, Miss Dock, had visited a number of the countries of Europe and had commenced to study nursing conditions in the Old World. For the past five years she has given this subject constant thought in connection with her work for this JOURNAL, the last year and a half having been spent in extensive travel abroad, visiting hospitals and making most interesting investigations into the conditions of nursing education and the nurse's status, until now she has become the best authority on the whole broad nursing question in Europe that we have in the profession to-day.

Miss Dock is still in Germany, and her comments on the Worcester-Harvard situation were written in the conservative atmosphere of the Old World, and all who read cannot fail to see that following after such strange gods as Dr. Worcester and his kind can only lead to a loss of professional independence quite at variance with all our ideas of liberty in America. Miss Dock says:

"It is a question whether it is more grotesque or calamitous that one of our greatest universities, in deciding to found a college of nursing, should have elected to place at its head one so ill-informed upon his subject and so out of touch with its tendencies, educationally and collectively, as is the man chosen to direct this piece of preëminently woman's work.

"From the ridiculous interviews with the press in which Dr. Worcester calmly appropriates as his own ideas all those developments of nursing which quiet and serious nurses have been evolving and perfect-

ing for the last fifty years, down to the remarkable circular bearing his name—all, all is vanity, as the preacher saith.

"We find it distinctly irritating (but perhaps this is beneath us) to read his manifestos on what he calls 'Surface Nursing.' Might not an unprejudiced layman suppose from these solemn expoundings that no nurses had ever been taught to 'do up' their patients before Dr. Worcester made known his discoveries to a grateful world? What if real nurses went about the earth describing their methods in such inflated style?

"We have all seen the pleased surprise of the patient when the nurse washes his ears and wipes them dry, but we do not issue bulletins about it.

"To go to more serious details, it seems entirely a misfortune that the head of our Nursing College could go about England, confer with such veterans of ripe and gracious character as Miss Louisa Stevenson, who has spent a lifetime in advancing the cause of liberal culture, reject the results of her experience, come home, and quote only the three-centuries' old notions of a group of men who, however wise and weighty they may be in other ways, hold only views as to the education, social position, and economic rights of women which a good, sensible American, and a good, sensible Briton too, would be ashamed of.

"The English movement for State registration is opposed by three classes of people—namely, first, a small minority of earnest and sincere men and women who, though conscientious, see conditions only as they were forty years ago; next, lordly gentlemen of the type mentioned above; last, the commercial element, which is the same the world over. But Dr. Worcester goes through England without learning this, comes home to oppose State examination, and issues a circular advocating 'graded certificates' to be given by a voluntary Examining Board which shall 'guarantee the fitness of nurses, who are recommended by their schools, in the different departments of nursing.'

"We must confess that the English language when thus used seems made to bewilder, and it may be that we do not find the idea, but if 'graded certificates' really means what it says, then we can only remark that never would we have expected to hear this proposition made in America, where people are supposed to have a sense of the ludicrous. It has been advanced in England by men whose birth and opportunities have deprived them of the least glimmer of a sense of humor, and we are more than ever convinced that the absence of this quality in the mental make-up is pitiable.

"Unfortunately for their theory, nurses cannot be kept sorted like piles of towels. No doubt it would save much trouble if they could.

Voluntary examination given by a voluntary board, which we suppose this circular means by 'some central Examining Board,' has been proved by experience to be a failure in bringing order out of chaos and in establishing a definite and accepted minimum of training. What else is the lesson of the history of the British Nurses' Association? In the testimony given before the select committee of the House of Commons it was clearly shown that voluntary registration could not enforce its standards and could not secure general recognition of its minimum requirements. Voluntary registration has been tried in Australia under the most favorable possible circumstances; that is, a goodly number of the hospital authorities, the physicians, and the nurses have worked harmoniously together to give it a fair trial, and they report it a failure for the simple reason that the very element which needs the prod and the spur cannot be brought under control or made to comply with the demands of an enlightened public opinion. The Australian journals speak definitely of aiming at State registration, which, in New Zealand, shows only satisfactory results by having established a definite measuring-scale in the training of the nurse.

"But Dr. Worcester seems not to know any of this. Sad, too, as well as droll, is it to see anyone so unaware of the actual status of nursing educational movements as to come back to America and advocate a form of organization found abroad simply because it has 'been of great service' there. Could anything be more inconsequential? Because a form of organization has been useful in countries where the entire position of women is far less advantageous than in ours, why are we to suppose it will be useful here?

"As a matter of hard, daily fact, the kind of organization which Dr. Worcester admires, of 'medical and lay instructors, managers and trustees, benefactors' of training-schools and the training-schools themselves, all in one grand mixture, only works fairly well in New Zealand and Australia, where every woman as well as man has legal status in the possession of her ballot, but it is a failure so far as reaching the very people who need it most is concerned, as the schools of low standards are not reached in this way, and Australia is now looking towards the more compelling influence of the State to accomplish what voluntary registration has failed to do. In every other country (and ours is one of them in spite of our freedom) this kind of organization only results in the complete subordination of the nurses and stifling of their opinions. What really happens is that the men fall to quarrelling with one another over the women's work, and nothing gets done.

"Dr. Worcester quotes Holland, but as a matter of history this mixed organization in Holland has no better results to show than we

have attained in America by our unmixed forms. By this remark we do not mean to disparage either their results or our own. The Wilhelmina Hospital shows a standard of training second to none in other countries, but this was not brought about by a mixed organization, but by the courage and brains of Miss Reynvaan, the first matron, whose ideals have been carried on by her successor, Miss Kruyse. Miss C. A. La Bastide Baarslag, herself one of the women whom to know is to admire and respect deeply, wrote to the International Council in Buffalo, 'To Miss Reynvaan, late matron of the Wilhelmina Hospital, belongs the honor of having brought about a thorough reorganization in the nursing world' (of Holland). She wrote further, 'We urgently want State registration and fervently hope that this new century will fulfil this righteous desire in a not too far-off future.'

"We are of the opinion that outside of the Wilhelmina and a small group of the best hospitals there is just as much variety and incoherence in Dutch training as in other countries, and the same absence of a recognized measuring-staff as to subjects taught.

"In the matter of effective organizations we have nothing to learn from the Old World and need imitate nothing there. Even Europeans, who are little inclined to admire American ways and who fear that in our training the 'eternal womanly' is not enough emphasized, admit the superior freedom of American women and the superior effectiveness and untrammelledness of the organizations of American nurses.

"What we may learn abroad to endless extent is, sympathy with the struggles of the human race, understanding of different phases of development, recognition of the inner bond which unites all nations. And endless lessons may we take to ourselves in character: Womanly, deep, unselfish, dutiful are the characters of the nurses of the old countries.

"But in questions of the organization of workers, the control of women's work by men, and the best ways of attaining higher educational standards for women, we have nothing to learn there except—*what to beware of.*"

AN ANNUAL COMPLAINT

HARDLY a day passes that we do not receive a letter from somebody complaining about something the JOURNAL management has done or has failed to do. We propose to follow the example of the "worm that turns," and at least once a year tell our readers something about the trials of editing a magazine, and especially a magazine for nurses.

One of our greatest trials comes from the fact that the nature of the

nurse's work makes constant changes of the addresses of our subscribers a necessary condition. With the most careful supervision errors will occur in our office, but many of these would be prevented if our subscribers would give more careful attention to their mail when changing from place to place.

When a letter is not delivered it is returned to our office, and when magazines are not delivered the Post-Office Department notifies the publisher by postal that a JOURNAL is being held addressed to so and so. In this way we know just how careless many nurses are; it is not a matter of speculation, we have the facts.

It is not an unusual thing for the postmaster in some far-distant place to write to our business manager: "Do not send any more copies of THE AMERICAN JOURNAL OF NURSING to Miss ———. She has gone to California. There are already four copies here waiting her instructions and the money to forward." This nurse evidently did not know that second-class matter requires extra postage, because after six months or more she writes a rousing letter to our business manager in which she says that she subscribed to the JOURNAL in the beginning of the year and has never received but one copy, and that if she can't have her JOURNALS she would like her money back, etc. Then follow explanations, and in the end comes a very polite apology for her carelessness in having neglected to notify the JOURNAL office that she had gone to California to live.

Letters, receipts, and other matter come back in scores, and are held as evidence when the explosion comes, as we know it will sooner or later.

Occasionally the JOURNAL is late in going to press, but when subscribers do not receive their copies by the middle of the month they should write at once to the business manager at the Philadelphia office stating the fact, but first be quite sure that the address has not been changed. Magazines of every kind are not forwarded without extra postage.

Nurses who are living or travelling in foreign countries need to be very exact in their instruction to the business office, and to be very sure they understand the postal laws in the countries in which they are moving about.

Another cause of much trouble in our office comes from the fact that there are at least six business houses in Philadelphia by the name of Lippincott besides the JOURNAL's publisher, the J. B. Lippincott Company. There is only one AMERICAN JOURNAL OF NURSING, and yet the favorite form of address with a great number of our correspondents is "The Lippincotts, Philadelphia." It is not unusual for a letter to go the rounds of all the other firms before it falls into the hands of the J. B. Lippincott Company, publishers.

If letters are addressed to *THE AMERICAN JOURNAL OF NURSING*, 227 South Sixth Street, Philadelphia, with or without the name of the J. B. Lippincott Company, they will be received promptly and be given careful attention.

Perhaps the fact that the *JOURNAL* is printed in Philadelphia, Pa., and the subscriptions and advertising are looked after in the office of the J. B. Lippincott Company, and that the editorial office is at Rochester, N. Y., where the Editor-in-Chief makes her home, may sometimes cause confusion, but those conditions are certainly understood by the alumnae members.

Another source of trouble comes from the fact that so many of our contributors constantly forget the date upon which the *JOURNAL* goes to press. We close our pages—that is, we send the last of the copy to the printer—on the twentieth of the month preceding the date of issue. That means, however, that the material for each number must be in the hands of the Editor-in-Chief at Rochester much earlier in the month—all solid papers not later than the first, all long reports not later than the fifteenth, and between the fifteenth and the twentieth only very brief items can be added. But it is not an unusual occurrence for the Editor to be wakened in the middle of the night of the twenty-seventh to find a messenger shivering at the door with a special delivery letter containing a report of a meeting held three weeks before, and a command to “publish without fail in the next number of the *JOURNAL*.”

Then there are still many contributors who persist in writing on both sides of the sheet, and others who send the most delightful bits of news all mixed up in a personal letter crossed and recrossed, and still others who never by any chance date anything, and a wonderful company who seem to think the whole world knows their street number. To correct these errors requires the Editor's personal attention and takes an amount of time and energy that could be spent in original work for the *JOURNAL* if everybody everywhere would be a little more careful.

There are still other things that we could complain about, but, after all has been said that could be said, the pleasures of being the Editor of this particular nursing *JOURNAL* so outweigh the trials that we postpone the rest until next year.

THE SUMMER CONFERENCE IN OREGON

THE Section on District Nursing is to be an interesting feature of the Conference of Charities at Portland, Ore., July 15 to 21. Because of the Lewis and Clarke Exposition railroad rates will be very greatly reduced and many nurses will be able to take a trip to the Pacific coast who,

ordinarily, would find the expense too great. Miss Hitchcock, the chairman of the District Nursing Section, and Miss Damer are arranging a very interesting programme, which will be announced in the *JOURNAL* later. There is a prospect of a large and most interesting gathering of people at this conference, and the attractions of the exposition alone will be well worth the journey.

We wish nurses realized more keenly their obligations to their profession as well as to the public and were alive to their opportunities in all the great problems of philanthropy. When the gates are opened, as they have been by the Conference of Charities, and nurses are asked to come in and work side by side with the great reformers of the age, there should be no lagging behind, but a great body should respond—not just a few. With knowledge and opportunity action should follow.

THE CONGRESS OF NURSES IN WASHINGTON

THE meetings of the Superintendents' Society and the Associated Alumnae are to be held in Washington, D. C., during the first week in May.

It is not too early for members to begin to arrange their plans to attend, and without doubt this will be the greatest gathering of nurses since the meeting in Buffalo. Both associations are arranging most interesting programmes. Washington will be seen at its very best at this date, and with the reductions in railroad transportation that will be secured a great company of nurses should be able to attend. We shall be able to give the full programme for the week in the April *JOURNAL*, and call the attention of our readers to the official announcements in this issue.

PROGRESS OF EDUCATION

IN the department of Training-School Items will be found a copy of the circular letter issued by the North Carolina State Board of Nurse Examiners to the superintendents of training-schools. We understand that the prospect is fair of establishing a preliminary nursing department, as the circular suggests, at the State Normal and Industrial College at Greensboro, as the leading educators in North Carolina are in sympathy with the movement.

California is also moving in the direction of a nursing college. The State nurses' association decided to take steps towards organizing a

nursing department in connection with the California University Summer School, but it was found that the time was too short in which to make satisfactory plans for the coming summer, as the department opens in June, so the whole scheme is to be held over until another year. The association will organize a lecture course for the benefit of its members, and the committee in charge will in the meantime stimulate interest in the subject of higher education in every possible way.

The central preliminary school idea seems to be growing, and we believe eventually we shall see a department of nursing in connection with all of the institutions for higher education, so that before a pupil enters a hospital training-school she will have been prepared, as a medical student is prepared, for the more intelligent understanding of the practical and manual side of nursing, and that the hospitals will be relieved of much of the theoretical instruction that they are now giving. The preliminary courses now established in connection with training-schools are important steps towards the college or central school plan, and we believe it will be developed in the near future. The small hospitals are quite as important as the large ones, and the nurses in the smaller schools must have equal opportunity for a complete nursing education.

The nurses of North Carolina and California are moving in the right direction.

PROGRESS OF STATE REGISTRATION

THE California nurses have found it necessary to make some very radical changes in their bill since it was first drafted. In the first bill a board was asked for to be appointed by the Governor on very much the same lines as the Maryland bill. Then it was found that, owing to some cause for criticism in the administration of the commissions of medicine and pharmacy, the establishment of a new commission for nurses would meet with opposition. California has a Board of Regents, and it was decided to change that portion of the bill and substitute conditions similar to those of the New York statute, placing the registration of nurses under the Regents of the University of California, the examiners to be nurses selected by the Regents from nominations made by the State nurses' association.

A small party of nurses have introduced an opposition bill, asking, as we understand it, for the appointment of the special nursing commission upon the lines of the first bill drafted, which the majority have

thought it wise to change. Only for this break in the ranks the prospect of the successful passage of a registration bill in California is good.

Remembering New York's successful issue under exactly those conditions, we predict a glorious victory for the advocates of the Regents' bill on the Pacific coast.

A full report of the District of Columbia Nurses' Association is given in the Official Department. It seems to be the general feeling among the leaders that a successful issue may not be looked for this year.

Illinois is ready for another trial. The State nurses' association has been actively at work all the winter, and the members are working hard in the interest of a new bill. They have the support of splendid men and women outside of the profession.

Michigan has a splendid bill to be presented this session. It will be discussed and finally amended at the State meeting to be held at Grand Rapids on March 1. Miss Isabel McIsaac will be the guest of honor and speak on "State Registration."

Louisiana is active and hopeful, gaining strength quietly for another effort to pass a bill in the future.

The Massachusetts hearing was on February 17. The largest committee-room in the State-House was needed to hold the delegation of nurses and their friends. Representative Walker, of Brookline, appeared for the bill, and Representative Walker, of Waltham, against it. Dr. Alfred Worcester was conspicuous by his absence. The opposition came entirely from those interested in schools for nurses of the Waltham type. The nurses refused to accept any standard which recognized less than two full years of training in a hospital, and insisted that they must have a board of nurse examiners. They have made many less vital concessions, but are prepared for defeat this year. During the campaign they have made many warm supporters among the legislators and physicians, and will not be in the least discouraged if the bill has to be withdrawn again.

Among those who spoke for the bill were President Mary M. Riddle, of the State Nurses' Association; Dr. Emily Fifield, Dr. George Howard, of the Massachusetts General Hospital; ex-President Jones, of the Senate; Dr. H. Lincoln Chase, of Brookline; Dr. James Putnam, of the nurses' registry at the Medical Library; Dr. Henry C. Baldwin;

Miss M. E. P. Davis, chairman of the Legislative Committee of the association; Dr. Mary E. Jones; Master George S. Ladd, of the State Grange; Miss Fisk, trustee of the Malden Hospital; a representative of the State Board of Registration in Medicine, and ex-Representative Mellen, of Worcester.

The burden of opposition was borne by Dr. Hugh Cabot, said to represent Dr. Alfred Worcester, and others were Dr. James W. Riley; John N. Merriam, chairman of the trustees of the Westboro Insane Hospital and head of the Framingham Nurses' School (Waltham plan); Dr. Hatch, of Framingham; Dr. Cook, of Natick; Attorney Farr for the male nurses; and Representative Staples. Among those who have been the staunch supporters of the nurses are Dr. G. H. M. Rowe, of the City Hospital; Drs. Cowles and Tuttle, of the McLean Asylum; Dr. Mann, of the Homœopathic Hospital, and others.

No State has reported a bill passed up to the time of our going to press.

ANOTHER ENGLISH SCHEME TO DEFEAT REGISTRATION

As we go to press we learn through the *British Journal of Nursing* of February 11 of another organization that has sprung up to defeat registration in Great Britain. We are able to quote only a few lines, but these give the gist of the situation: "Seven wealthy financiers in the City of London [led by Sir Henry Burdett] have petitioned the Board of Trade to incorporate them as 'The Society for Promoting the Higher Education and Training of Nurses,' with powers constituting them the organizers, disciplinarians, and masters of every trained nurse and training-school in the United Kingdom, for the powers for which they ask mean control of the most despotic and unconstitutional character, which, if granted, would result in the reduction of a great body of educated, intelligent, professional women workers to the position of absolute serfs in the body politic."

Surely with so many wealthy and distinguished gentlemen concerning themselves about nursing education on both sides of the Atlantic the nursing profession must either go way, way up or way, way down. We are holding our breath to know which way the ball will bounce.

A CANADIAN NURSES' JOURNAL

THE nurses of Toronto are about to publish a "quarterly," to be called the *Canadian Nurse*. It is time Canadian nurses had a magazine of their own, and we would be the first to welcome such into the field of

journalism but for one thing—the Editor-in-Chief is not to be a nurse, but a woman physician, who has never taken a nurse's training. Dr. Helen McMurchy will edit the *Canadian Nurse* well, but we know there are nurses in Canada who are capable of editing and managing a nursing magazine with a high degree of excellence, and we regret to see them place themselves before the world as being lacking in either brains or confidence to manage their own affairs. Miss Snively, who has been the recognized pioneer leader in nursing affairs in Canada for so many years, is not in sympathy with the idea of calling upon a medical woman to edit a nursing journal, although she is alive to the need of such a magazine in Canada. If the Canadian nurses in Canada have not the ability to edit their own journal, there are any number of Canadian women across the line who can do it for them brilliantly. At least let nurses keep to their own profession when such work is to be done.

THE NEW RED CROSS

THE *Outlook* publishes an outline of the plan of reorganization of the National Red Cross Society which is of especial interest to nurses in view of the fact that a committee was appointed at the last meeting of the Associated Alumnae to arrange, if possible, for some form of affiliation with the Red Cross, so that the great nursing body of the country might have a recognized place in the Red Cross work. At the first annual meeting, held under the new charter, William H. Taft, Secretary of War, was elected president. The other officers elected are: Assistant Secretary of the Treasury C. H. Keep, treasurer; Assistant Attorney-General Louis Pratt, counsellor, and Charles L. McGee, secretary. The Executive Committee includes the Hon. Francis B. Loomis, Assistant Secretary of State; General George W. Davis, Dr. John C. Boyd, U.S.N.; Mr. James R. Garfield, Chief of the Bureau of Corporations; ex-Secretary Herbert, Surgeon-General Wyman, and Miss Mabel Boardman.

It is planned to have a committee of twelve in each State to work for the upbuilding of the Red Cross and make it more national in character, and it would seem a very natural conclusion to reach that nurses, who are the people who will be depended upon to do the hard, practical work in caring for the sick and wounded in time of national calamity, should, from the standpoint of courtesy and practical knowledge, have representation on these committees. The report of the alumnae committee will be looked for with great interest at the Washington Convention.

SOME TRIALS OF PRIVATE NURSING

By CHARLOTTE MANDEVILLE PERRY

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THERE is one benefit which accrues from a free discussion of nursing problems, which is that truth glints out from it as sparks from an anvil. Perhaps some of our profoundest impressions come to us indirectly. In our enthusiasm, however, to stir up a better spirit and better work among nurses, it would seem a mistake to minimize their real hardships, or to create in the minds of patients a suspicion that they receive undue remuneration. To the nurse who throws herself unsparingly into her work there can hardly be too high a reward, considering her difficulties, the future to be provided for, and the actual giving of her very life in this willing service. This is not saying that she should not adhere to the strictest business principles and the regulation fee. Woe betide her if she does not; otherwise she must suffer for it, especially since those who have trespassed have brought such nursing offences before the notice of the laity and thereby done great harm to the profession and given cause, also, to the commercial mind to be on the alert.

There is such a complicated variety of individuals with their circumstances on *both* sides—on the side of nurses and of those among whom they minister—that the proper adjustment of relations between the two sometimes appears to be a forlorn hope. On the part of the nurse there are trials which call for physical endurance. These have a practical bearing on health and the length of the nursing career. It certainly is difficult to work well on an empty stomach, and yet occasionally a nurse does find upon entering a house a total ignoring of her presence, till she is forced to ask for food and rest. One is reminded of a cartoon which forcibly illustrates this situation of affairs. A timid English nurse, with ties to her cap, confronts an exceedingly corpulent hostess, with "specs" on top of her head and arms akimbo. "What hours am I to have for sleep?" the meek one asks. The reply is given with astonishment, "Why, I thought you were a *trained* nurse!"

One could give instances of a nurse ordering her meals ahead. But we are not now speaking of exacting nurses, only of the trials of those devoting their energies to the care of the sick in their homes. There is the starting out into the unknown, after a strenuous effort to pack, in an incredibly short time, everything that will be needed for the length of stay. Arriving weary from the journey, work often begins at once. How necessary that the nurse should be fortified to meet the strain

which must be put upon her for the first few days and nights. She takes many risks which other professions do not call for. If registered, she is expected to accept any cases to which she has subscribed which may be appointed her by the doctor or bureau—the latter not always infallible; and she may chance to find herself in quarters from which she would like to escape—not because of hard work, but because of the questionable lives of the people. True, these instances are rare, and there is protection in knowing the doctor whose patient one is expecting to nurse. But one must be prepared for any fate, accepting it cheerfully and heroically. That this is done with no thought of recognition is true, let us hope, of the majority of nurses. We do not pretend to deny that there are some who look out first for their own welfare. The world is full of selfish people—not limited to nurses. There are selfish patients also, and relatives of patients, who do not want to see the change for better things in the profession, nor those progressive movements which have given us a better quality of woman for nurse. Rather they would abide by her status as fixed and handed down by former generations.

This brings to mind some of the even more disagreeable trials of the nurse who is a well-bred woman. At best and among considerate people she feels herself a foreign element in the household, and shrinks from obtruding herself into the family circle, knowing that she is a reminder of sickness of all sorts. But she does not wish to have her meals with Eliza, the maid, for all that, nor to be classed with inferiors either in the home, the hotel, or when travelling. Some women feel decidedly out of their element under such circumstances, and that a strict formality and reserve is far better than any attempt to cover up little pretensions on the part of the family that the nurse is being given her rightful place, while all the time she is not. However much she may be actuated by high motives, she cannot help at times, if she is of gentle birth herself, being keenly alive to the anomalous position she often thus holds socially. Apart from the isolation and loneliness of it all there must be some heart-burnings which are not at all snobbish. It may be that in the evolution of professional interests a more independent way of exercising her profession will come to light,—house-to-house visiting, —or the badge of honor which the title *R. N.* will one day become may distinguish the nurse before the laity as a person of good family, education, and ability—worthy of being acknowledged in that state of society to which her antecedents rightly entitle her. But there will always be a diversity in the demand and supply so long as there is a corresponding multifariousness in the mass of individuals composing human society: people of wealth with no refinement, high-born families with no means, the selfish and exacting ones distributed generally throughout the whole

number. All these conditions are the more trying because of the beautiful and tender relations which may exist between patient and nurse if only the right spirit inspires both to noble deeds and gracious forbearance. It is comforting to think that these relationships do exist as largely as they do. And it is to be hoped that as brotherly love continues, with the desire to give and to share, these unpleasant phases, which every nurse with a large clientele must have experienced, will pass away.

A NEW CRANFORD: BEING A MORE OR LESS TRUE ACCOUNT OF AN EXPERIMENT

**DEDICATED TO OUR DEAR J. B., WHO OF ALL OTHERS BEST
UNDERSTANDS WHAT PROMPTED ITS UNDERTAKING**

By ISABEL McISAAC

Late Superintendent of the Illinois Training-School, Chicago

(Continued from page 299)

IV. SOME EXPERIENCES WITH HENS, INCUBATORS, AND OTHER THINGS

WHEN we made our first plans about Cranford Euphemia was filled with enthusiasm about chickens and began a violent course of reading about poultry. The papers she had seemed to me to be printed on poor paper and filled with advertisements for incubators, patent poultry food, washing machines, and diamonds at a dollar a month, illustrated with stout ladies in their Sunday clothes doing the family wash and stouter ladies with much pompadour setting off the diamonds, while the hens were all as big as ostriches, as the combined results of incubators and patent food.

I called Euphemia's attention to these points, but it did not dampen her ardor, and her enthusiasm waxed stronger while she learned to fling incubators and bone-grinding machines into her parts of speech with that same glibness with which a medical student adorns his conversation with minute anatomy.

Later she suddenly realized that poultry to be profitable must be killed and sold, which had not occurred to her at first and which put her into a serious dilemma, for since her earliest days she has been a regular Hindu about animals; no beast was ever ugly enough in looks or manners to alienate her affections, and to sell or kill would spoil her life. After much serious reflection she decided to name them after all

the tiresome, disagreeable people she knew or could hear of, hoping such vicarious revenge might give her some comfort. With one or two kindred spirits to help her in supplying names she will probably become a hardened poultry dealer in time, but it will take time; at present she weeps over every poor chick who is getting himself put into a market crate, because they are so tame they will let her pick them up and have no idea of being afraid of anything, which she says is "a cruel, wicked breach of confidence."

The first to be killed was "Mr. A.," a poor rooster with a broken leg. He was named for a man whose nationality, selfishness, and ill-temper had long been a sore trial to her. The next to go was named for "Mrs. Z.," who has all the virtues and not a redeeming vice, whose visits were so frequent and uninteresting that every member of the family who could escape flew to remote corners to come out only when the danger had passed. The next was a namesake of "Dr. X.," whose economy of truth is frequent and vicious, and so audacious that one is awed by his daring. This feast was attended by a few of the elect, and our dear lady declared that, true to the original of the name, he disagreed with her a whole day. Like the Lord High Executioner, they have "many on the list" whose turn will come in due time.

An incubator is a wonderful contrivance, nearly as ornamental as a piano, with an oil lamp for heat and a thermometer inside which you look at through a window and see if the temperature is having chills or fever. The temperature is regulated by a thermostat which works with marvellous precision. I, being only a humble probationer, am allowed to hold the candle while Euphemia peers in to see if all's well; later I may learn to officiate too.

The eggs are laid in shallow, wire-bottomed trays like ash sifters, and every morning these are taken out and the eggs turned, a ceremony a hen mother performs daily it is said.

Euphemia's first chickens were posted to arrive on Easter, and by all the traditions of ages as well as the result of her indefatigable labors they should have come in large blocks, as she had over two hundred eggs in the incubator, and had not only spent all of her money but most of her sleep o' nights peering into that piano-box contrivance with a candle, but, like other eggs, other incubators, and other enthusiasts, the occasion was deeply melancholic. Only twenty-one of two hundred eggs hatched, and three of these were so wobbly in the legs they died.

A fourth chick had such a wonderful experience at her hands that his case should be written up for the medical journals as of more than passing scientific interest. When the chicks were a week old the third wobble-legs laid down and died, together with this fourth, who appar-

ently had nothing the matter with him. The sight of them stretched out upon the floor filled Euphemia with such consuming rage at the tricks of Fate that she opened the hen-house window and cast them down the side of the bluff, with an incantation more forceful than elegant. An hour later, upon going down the hill, she met the fourth supposed-to-be-dead chick returning as chipper as possible, and from that day he waxed fat.

Another heart-breaking circumstance was that when it was too late Euphemia discovered over fifty of the unbroken eggs had plump little chickens in them which only needed a little friendly assistance to help them out. The only comfort she found in life at that particular moment was from a message from Dr. H., who sent word that from his first "hatch" there were only four eggs which contained anything, and they were dead ducks. Verily, misery does love company.

We have two cows, Dinah and Nancy. Dinah is a little Jersey, as trim and pretty a little beastie as one could wish to see. Like all of our beasts and birds, she is spoiled, however, and is very wilful and obstreperous when it pleases her, giving Tom a great many hard "bunts," as he calls it, and if by chance you meet her, you, forsooth, must turn out, for she will not, but she is very intelligent and affectionate, while Nancy is what Euphemia calls "just cow," with untidy ways, stupid, and a bad disposition, a sort of slatternly shrew.

One of our experiences with the cows is a striking example of the difference between precept and practice.

Certainly it would seem that any nurse would know better after her training than to give sour apples in large quantities to nursing mothers, but I assure you they do not all put into practice what they have been taught.

In August we had very dry weather and the pasture was thin and poor; at the same time we had a large number of early apples which were not marketable, and we conceived the brilliant idea of giving them to the cows; so day after day for three weeks or more Tom laboriously gathered them up and Dinah and Nancy, who should have known better if we did not, ate bushels and bushels of them; meanwhile the milk grew less and less, extra fodder was fed and extra water given them, until upon a certain day it suddenly dawned upon us that sour apples would not tend to make milk, and we stopped them, while Euphemia consulted our colored neighbor, who said, "Foh de Lord, Miss Phemie, I wondah you didn't kill em." Later another neighbor lost his best cow, which jumped over the orchard fence and ate so many apples she died, which made us think that a special Providence watches over the feeble-minded.

(To be continued.)

NURSING IN HYDROTHERAPY

By BERTHA KRUER, R. N.

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HYDROTHERAPY is a branch of therapeutics in which the nurse is probably a more important factor than in any other department of the treatment of diseases. Electro-therapy, dieto-therapy, and climato-therapy are some of the other divisions of therapeutics; in the latter two the physician prescribes and the patient executes the prescription at his own sweet will; in the former the physician himself usually administers the remedy. In hydrotherapy, however, physician and patient alike are helpless if the nurse is not ready to execute the prescription.

The fact that there is no branch of nursing so much slighted in training-schools as the application of water in diseases accounts for many failures of this valuable agent which are daily observed and which have served to prevent its more universal adoption, and only when physicians and nurses will begin to study the science of hydrotherapy will humanity get the full benefit of this far-reaching and thorough medicinal agent.

It is not my intention—in fact, it is impossible in this brief paper—to describe the many various methods in which water may be applied. Dr. Simon Baruch contemplates the issuing of a work on “The Technique of Hydrotherapy for Nurses,” a book which will cover the entire field. My object is to point out a few plain facts, give some practical hints, and to arouse and stimulate the interest in this so sadly neglected branch of nursing.

We all know that the nurse who is thoroughly grounded in the principles of her profession—i.e., in the reasons why the medicine, food, water, and stimulant are given, why the character of the respiration and pulse must be observed, why the color, quantity, and quality of the urine must be noted—will become the most efficient aid to patient and physician. Such a nurse will always present a more intelligent history of the case from which the doctor may obtain the most valuable clues for the proper treatment of the patient than one who mechanically reports what is observed. It therefore becomes of prime importance that the nurse be instructed in the general principles of hydrotherapy—i.e., why water is to be applied, why the temperature, the mode, and the duration of the application are to be strictly guarded and the effect noted and reported to the physician.

Hydrotherapy is the application of water in diseases, the word being derived from two Greek words signifying “to heal” and “water.” This

word should be distinguished from hydropathy, the devotees of which believe in water as the universal curative agent. Every well-informed nurse knows that there exists no universal curative agent.

Hydrotherapy depends upon water for remedial effects chiefly as a medium of conveying temperature. It is not the water alone which acts upon the human system, but the cold and heat conveyed through it to the skin (mostly). A little cold water poured down the back suddenly often stops nose-bleed; a cold key does the same. Walking briskly in the cold air brings color to the cheeks, just as bathing the face in cold water with good friction does. Both are due to the same cause: the irritating, exciting effect of cold upon the fine nerves and blood-vessels of the skin, which results in reaction. Hence iron and air, conveying temperature, are as useful as water. The reason why water has been preferably selected for this purpose is that it may be applied in the solid, liquid, and vaporized form, that the force or pressure with which it is applied may be mathematically measured as also its temperature, that it affords numerous technical advantages in its application, and that it absorbs and gives off temperature better than any other agent.

The skin is the most frequent part of the body on which the action of water for remedial purposes is expended. The reason for this is not far to seek. The skin is an enormous network of fine nerves and blood-vessels, as is evident to the most superficial observer by plunging a fine needle into it. Pain announces the presence of a nerve, the flow of blood testifies to the presence of a blood-vessel. Now if it be borne in mind that this fine needle has struck (irritated, as the physiologist calls it) the end of a nerve, the origin of which anatomists have distinctly traced to the brain and spinal cord (the central nervous system), and that this nervous system presides over all the functions and furnishes all the power of every organ in the human body, is it not clear that any agent which can thus influence the skin nerves must be powerful for good or evil in its influence upon the human body? And this is a most important truth!

Again, the minute blood-vessels of the skin, from which a needle draws blood, are but the outlying terminals of that vast system called the circulation, which derives all its power and force from the heart. If the needle only scratches the surface of the skin, there appears a bright red streak, which means that this irritation has caused a dilatation of the minute blood-vessels. Now, inasmuch as the circulation in the skin is so readily affected by an application of the point of a needle, is it not logical to say that the whole circulation of which the skin-vessel is a part may be thus influenced? But we shall not be content with reason

and logic. As nurses, standing at the bedside of a suffering patient, we shall apply this reasoning and this logic in order to reach conviction.

How can we demonstrate that the irritation of the end-nerves in the skin affects the brain?

Dash a cup of cold water upon the chest of a fainting person! Cold is an irritant just like the needle. If the needle scratches the skin, it produces an unpleasant sensation; if it penetrates more deeply, it produces pain and damages the skin. A dash of cold water produces, like the needle, an unpleasant sensation; if it is applied longer in the shape of ice, it too produces pain; it too would damage the skin if retained long enough to freeze the part. Scratching the skin with a needle does not arouse a fainting person; it would require many needles applied to a large surface to so irritate as to stimulate the depreciated brain to resume all its functions. A dash of cold water irritates a considerable surface, stimulates the nerves beneath it; this stimulation is conveyed, as physiology teaches, directly by the sensory nerves to the brain. That the latter feels the stimulus is manifested by the gasp which ensues. This gasp is nothing more than the reflex effect of the brain stimulus. Breathing is resumed, the color rushes to the pallid lips, the eyes brighten, the wheels of life, temporarily checked by syncope, are again in motion. Cold applied to the skin nerves has worked this marvel. Is there any medicine that can accomplish it? Here is the principle of hydrotherapy in a nutshell. How does the physician apply it? The small nerve area which is stimulated by the dash of cold water to the chest or face suffices to arouse a fainting person. But this small dose of cold water would have no effect on a case of opium poisoning. Here we need a bucket of cold water or a strong douche from the nozzle of a hose. And even this is often insufficient. In the stupefied condition of a typhoid a dash of cold water would not be enough. He needs a larger dose; we put him into a tub of water at a temperature adapted to his case; he is aroused, his face brightens, his pulse improves. The effect of this large dose of stimulant to his entire skin area of nerves is conveyed to the brain; the latter is refreshed and enabled to furnish more power to the heart and the lungs, and therefore the whole machinery of the organism is stimulated, sustained, invigorated. Again the patient lapses into stupor, as the effect of the bath passes away; again he is tubbed and rubbed, the duration and temperature of the bath being judiciously adapted by the physician.

Surely this demonstration must convince the most sceptical that the action of cold water, excited through the skin, upon the whole organism is momentous, and that it may be adapted or dosed to varying conditions

as no other remedy can be adapted. But how is this dosing of water externally applied accomplished?

We dose medicinal agents by weight or measure and frequency of administration. Water is dosed: 1, by its temperature; 2, by the duration of its application; 3, by the pressure or force with which it is applied; and 4, by the method of the application.

1. That the effect of water at 34° F. is very different from that of water at 110° F. is a trite fact. This being true, every few degrees more or less must furnish different results.

2. That the duration of the application of water of the same temperature influences its effect is not so well known. Plunge one hand into a bucket of water at 40° F. for a second, remove and dry it; the result will be a sudden chilling, followed by reaction or rapid warming of the hand. Dip the other hand into the same water and leave it for five minutes. The result will be chilling followed by numbness, succeeded by pain. On withdrawal the hand will be cyanotic and will require much friction to warm it or produce reaction. The same individual and the same temperature are used in this experiment, only the duration is changed. How different the result! If the effect varies so greatly, may we not obtain more moderate and yet varying effects from lesser differences in duration?

3. That the effect of water applied without pressure or force differs greatly from that of water applied with force is readily demonstrated by spraying a patient suffering from depressed neurasthenia with water at 80° F., and treating the same patient afterwards with a douche, delivered under thirty-pound pressure. The former will chill the patient, the latter will arouse and stimulate him.

4. That the procedure, or mode of applying water, influences its effect may be demonstrated by washing or sponging a fever patient (ablution) with water at 75° F. and at another time applying the same quantity of water and of the same temperature as an effusion—i.e., by pouring it over his head and shoulders from a basin. The former may soothe and cool him, the latter will refresh and stimulate him.

It follows, therefore, that the procedure by which the water is to be administered, the duration of its application (in chronic cases also the force), and the temperature of the water are of greatest importance. If the physician prescribes a cold sponging, it is the duty of the nurse to ask him at what temperature and of what duration. If a pack is ordered, the nurse should ascertain whether a dry pack or a wet pack, of what temperature and duration, and whether it is to be followed by dry friction, an alcohol rub, an ablution, or an effusion (in the latter two the temperature of the water also should be mentioned).

The terms cold water, warm water, and hot water are exceedingly indefinite; hence the temperature of the water should always be stated. The greater the difference between the temperature of the water and that of the skin the more intense the so-called shock will be, and therefore the more intense the effect. It is clear that a fever patient whose skin temperature is 102° F. will feel water at 90° F. as cool, while to a normal person whose skin temperature is 90° F. water at this temperature would be indifferent. All effects of cold or cool water depend upon the reaction produced by it.

Inasmuch as the reaction differs greatly with the amount of so-called "shock," it is necessary that these terms be more fully understood. In speaking of a "shock" produced by cold water we are accustomed to think of "shock" as a depression of the vital powers, because we are used to dealing with surgical shock, and the true definition of the latter is a "depression of the vital powers." But there is another definition of shock in our dictionaries—viz., an unpleasant surprise. We hear some sad news, we are shocked, but not necessarily enfeebled in our vitality. This is the shock of cold water upon the skin; it is an unpleasant surprise to the fine nerves and blood-vessels of the skin—a surprise, however, which results in the pleasant sensation called "reaction," if the cold water has been judiciously used. A fainting person receives an unpleasant surprise from cold water; reaction takes place and he awakens.

The chief aim of all cold applications being reaction, it is important for the nurse to clearly estimate the nature of this process. When a patient shivers for a considerable time during and especially after an application of cold water, it is an evidence that reaction is absent; therefore the application is not safe. When a fever patient, however, simply feels cold during a cold bath ordered by the physician, though he protests vigorously and even shivers a little, he must not be removed. Not unless the teeth chatter and cyanosis of the lips ensues, or the shivering amounts to a severe chill, should the nurse feel authorized to abbreviate the prescribed duration of the bath. Therein much skill and judgment are required; hence the above rule would be a safe guide. It is a well-known fact that good friction *during* the bath prevents chill and promotes reaction *after* the bath. It is a safe rule in all cold applications never to apply cold water without good friction, and to always insure reaction. If hot bottles and restoratives must be used after a cold procedure, the temperature of the water has probably been too low or, what is more likely, the duration has been too long. A full bath in water at 75° F. for fifteen minutes may chill the patient, whereas a simple dip or a bath of five minutes in the same water would refresh

and stimulate him. It would be a serious error to raise the bath temperature and continue the duration for fifteen minutes. Reaction is more favored by brief applications at low temperature than by prolonged applications at higher temperatures. To make the effect enduring, however, the cold application should be as long as the reactive capacity of the patient admits.

Another good rule in making cold applications (ablutions, effusions, etc.) is to omit washing the upper extremities below the elbows and the lower extremities below the knees. The circulation in these parts being feeble in sick people on account of absence of exercise, their reaction is feeble.

Then again it is well to know how to make cold ablutions, etc., rapidly, drying each part before proceeding to the next. Chilling is thus prevented and reaction correspondingly promoted.

That a nurse should strictly follow the physician's directions is one of the fundamental rules of good nursing, but hydrotherapie demands of a nurse more self-reliance and individual initiative than any other mode of treatment.

HÔPITAL GÉNÉRAL, RHEIMS

By E. N. LA MOTTE

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RHEIMS is an old French town with a population of a little over a hundred thousand, and situated rather off the usual tourist track—in fact, one must go to Rheims deliberately; it is not to be reached by getting off the train en route for somewhere else; but it has not been equally fortunate in getting off the route of marching armies, which from Roman days down almost to our own have always included it in their line of progress and have left upon it their impress. Here, in 496, Clovis was baptized and embraced Christianity. And here, also, after the twelfth century, nearly all the French Kings were crowned—in fact, it seems as if every street and house, and even the very cobblestones of the quaint old city, are rich in memories and associations with an historic and important past. It is not, therefore, a surprise to find that the large old Hôpital Général has its associations likewise, and that it was during the French Revolution, and probably because of it, that it was converted from its original design, that of a Jesuit monastery, and turned over to its present use. The monastery was built about the

year 1500—not old, according to European reckoning, but its whole appearance, inside and out, suggests very great age. It is of brick and stone, and presents a plain façade to the street and square of St. Maurice, but within it is built in squares, enclosing numbers of paved inner courts which are connected with one another by large stone archways. These courts are pleasant places for the patients to sit—they are shaded by large trees, and the grass grows between the paving-stones, giving a very restful and out-of-the-world appearance. On entering the buildings themselves one is struck by their singularly dark and ill-ventilated condition. The high ceilings and small windows about six feet from the floor, which, even when open, admit only a scanty amount of light, and still less fresh air, together with the rough stone floors and dark walls, combine to produce a most dreary effect. In every department it is the same. In some places the windows are not so high overhead, in some the floors are cement, but the effect of a half-light and heavy, ill-ventilated atmosphere is everywhere.

Strictly speaking, the *Hôpital Général* is not a hospital at all, but a home for the aged and orphans, of whom there are about seven hundred, separated into departments according to age, circumstance, and condition, but each department has its own ward attached for the care of its sick. Each of these wards or infirmaries holds thirty beds, and there is one such ward for every hundred and twenty inmates, and nearly always they are well-filled. At first glance such a ward was not prepossessing. The beds were all in a state of great disorder—and it is a well-known fact that a bed with covers pulled out from the foot and trailing on the floor on one side and with a pillow gone on the other can produce the effect of dirtiness even if the sheets have been changed that morning. The occupants of these beds were all old men, and they were crawling in and out to wait on themselves or their more helpless neighbors, with a fine disregard for keeping in place any article of apparel other than their red cotton nightcaps. To each ward there were “*infirmières*,” or caretakers, one or two, as it might be, untidy, helpless-looking women, with no very definite ideas of the requirements of their position, and the empty, unwashed plates and cups lying about on table and floor were trifles that seemed quite beneath their notice.

The dormitories where the inmates slept in some cases adjoined the wards; they were big, bare rooms, crowded with beds which were placed side by side and head to foot, and only separated from one another by a space a few inches wide. They were kept in immaculate order, however, but lack of proper air space was very evident, even though the rooms were empty.

In the children's side of the institution the same conditions prevail.

They are taken in at any age up to thirteen, and taught to read and write and given an elementary education by specially appointed instructors, until at the age of thirteen situations or employment are found for them and they are sent away. The directress, who took me over the building, opened the door of the children's playroom, and instantly a herd of about fifty children, not one over four years of age, came tumbling out like little animals when the cage door is opened. Each was dressed in a blue cotton pinafore, and their heads were cropped closely except in a few cases where the possessor had been left with a little top-knot or forelock, the badge of femininity. Almost without exception they had ringworm, sometimes in most aggravated forms, yet none of them seemed "one penny the worse." A deafening chorus of "Bonjour, madame," and handshaking at the rate of seven at a time had to be gone through with before we could get on into the next department, where the older girls were. They likewise, in equal numbers, flung themselves on the door the minute it was unlocked, and a perfect pandemonium of "Bonjours" ensued, from which it was difficult to escape.

The hôpital kitchen is unique. It cannot be described, but the impression of a dark room, arched over by a high, vaulted stone ceiling, is mediæval in the extreme. A charcoal fire and utensils of burnished copper make bright patches in the quaint picture.

The hôpital possesses what is probably the finest linen-room that any institution ever had—indeed, it would be hard to find such another room, used for such a purpose, in any house, public or private. Originally it was the library of the monastery—a great room, a hundred feet or more in length, and less than half that in width, situated on the top floor of one of the buildings. Shelves run around the walls from one end to the other and extend to the ceiling, and the edges of these shelves, which are very wide, the divisions between them, and the ceiling itself are one mass of wonderful carving. Like all wood-carving of those days there is nothing superficial about the patterns—on the contrary, they are cut boldly and deeply, and the intricate and elaborate designs stand out in high relief. Half-way down one side of the room is a little closet with a window in it, and the doors and shelves of it are wonderfully carved; here the monks used to keep their "immoral books," but now books of every sort are gone, and the little closet as well as the shelves of the great library hold only the clean, new linen of the establishment.

Until two years ago nuns were in charge of this and other hospitals in Rheims, but they were then expelled, and the institutions placed under different control. The Hôpital Général is one of five which are under the management of one directress, herself not a nurse, but a woman of great executive ability, and who has begun as a first step in the reform

a violent crusade against dirt. Compared with its condition two years ago the hôpital is a perfect paradise of cleanliness. Among the débris were found in one of the rooms, encrusted with dirt, and used as common carpets, tapestries which have since proved to be of Gobelin make and of priceless value. At present they hang on the stone walls of the staircase near the old library, having been cleaned and restored as perfectly as possible.

The other institutions under the same management include a hospital for incurables, one for incurable children, one for convalescents, and a fourth which I have forgotten. The Civil Hospital for the "grandes maladies" is also emancipated from the nuns' authority, which took place two years ago, but it has a directress of its own. The directress of the Hôpital Général has had, and has, enormous difficulties to contend with. The "infirmières" (one cannot call them nurses, nor even caretakers, since that implies some little responsibility, which they carefully avoid) are, many of them, women of the lowest class. Drunkenness is common among them, and the discharge of one means the discontent of many and possible mutiny of all, so that progress is exceedingly slow, and every advance step has to be carefully thought out and planned for. As assistants the directress has eight "surveillantes" on a salary of a hundred francs (twenty dollars) a month, and fifty-two caretakers (including the "infirmières") whose wages range from fifty to sixty francs a month—which is fairly good pay. This, of course, does not include the force employed in the other four hospitals, which are in every way independent institutions and have nothing in common with this hospital, except that the same head directs their management.

The hôpital is well worth a visit. If one is inclined to criticise its present and most apparent shortcomings, a mental contrast with the conditions two years ago will silence such criticism effectually, and one will have nothing but praise for the management that has overcome great difficulties and has brought it to the condition in which it is to-day.

TO PREVENT LEAVING SPONGES IN ABDOMEN.—The *Journal of the American Medical Association* quotes the following from *Münchener Medicinische Wochenschrift*: "Calmann has a long tape fastened to each of his compresses and sponges. The ends of the tapes are taken up in a bunch and tied around one of the legs of the table, at the head, on the side where the instruments are handed to the operator. The tapes are long enough not to interfere with the use of the sponges in any way."

THE FEEDING OF MOTHERS IN CONFINEMENT

By ANNA SCHMITZ

Graduate of Long Island College Hospital

HAVING done obstetrical nursing for the greater part of ten years, I wish to give helpful suggestions out of my own experience to those who are interested in this line of work.

Each nurse must be guided by the wishes of the physician in charge as to the general diet of her patient. When left to her own judgment, she should reject many articles which are best avoided by the nursing mother, as they may give her indigestion and consequently cause colic in the baby.

A woman in bed and inactive cannot digest the same food that one can who is up and exercising; therefore I advise abstaining from hot breads, fresh bread less than two days old, fried foods, pastry, and cake. All these are gas-producing foods, and while some patients may crave them, they will not produce strength.

It has also been my experience that charged drinks, such as Vichy, Seltzer, apollinaris, and ginger ale, produce gas and are bad alike for mother and baby. I would urge nurses to persuade nursing mothers to avoid tea and coffee. Many a mother will say, "I cannot live without my cup of tea or coffee." Coffee never increases the supply of milk, its tendency being to dry the secretions. While tea may increase the quantity, it has a tendency, as well as coffee, to make the baby very nervous. Hot milk and weak cocoa are good substitutes, and you will find that the patient can soon be satisfied with these.

Mothers are usually both willing and anxious to do whatever will help them to be stronger and more capable of caring for their babies. If you convince them that this self-denial will tend to make the baby well and strong and give him a good start in life, few mothers are so selfish and headstrong as to disregard your advice.

The first two days push the liquids, so as to encourage the secretion of the breasts.

First Day.—Give milk, beef-tea, or chicken-broth, clam-broth, crackers, or toast at intervals of from three to four hours.

Second Day.—Breakfast of cereal with plenty of cream, toast and hot milk; ten-thirty A.M., cup of beef-tea or broth; one P.M., luncheon of poached egg on toast and soft custard; four P.M., glass of milk; six-thirty P.M., supper, creamed oyster soup and crackers; ten P.M., glass of milk.

Third Day.—Cut down a little on fluids, else the breasts will become over-distended. Breakfast, cereal with cream, soft-boiled egg, toast, and

a cup of weak cocoa; ten-thirty A.M., juice of an orange; one P.M., dinner, boiled chop, spinach, and baked custard; four P.M., half a glass of milk; six P.M., supper, scrambled eggs, toast, milk, and calves'-foot jelly.

Fourth Day.—Add baked potato for dinner.

For the first week I prefer to give the dinner at noon. The second week a more liberal diet may be allowed. At dinner any kind of plain soup such as animal broths creamed or vegetable soups, but never that made of black or white beans; fish—broiled, baked, or boiled; birds—poultry, except ducks, also beef, lamb, and sweetbreads.

Always give a fresh vegetable with the dinner, such as peas, string beans, spinach, asparagus, squash, young carrots, fresh or creamed celery and lettuce, but not brussels sprouts, cauliflower, onions, boiled cabbage, or baked beans. Thoroughly ripe fruits may be used, fresh, stewed, or baked.

At the end of the second week the breasts have accommodated themselves to their increased contents, and the patient can again take a larger amount of liquids. She should by this time take three good meals a day and also a glass of milk, egg-nogg, or cocoa between meals at ten-thirty A.M. and four P.M.

The quantity of liquids given is a question of judgment for the nurse from the beginning. Should the supply exceed the demand, reduce the quantity of fluids, but always give water freely, as that is necessary for the proper action of the kidneys. If the quantity of milk secreted is not sufficient, add to the diet a gruel composed of equal parts of oatmeal gruel and milk and give between meals.

I believe a generous diet of nourishing and digestible food, without stimulants, to be the secret of a good and lasting milk supply and of a comfortable and healthy baby.

WORK AS A REMEDY IN NEURASTHENIA.—Dr. Herbert J. Hall in an article in the *Boston Medical and Surgical Journal* says: "Idleness probably precedes neurasthenia quite as often as does work, and it will be difficult or impossible to find a case apparently produced by overwork without a clear accompaniment of worry. He has established a shop in which neurasthenic patients are encouraged to work at weaving, pottery, and basket-making in the hope that definite employment of an agreeable nature will give them something else to think of than their own nerves. So far the experiment has been productive only of good. In work is a therapeutic agent which deserves an intelligent trial over a wide field."

THE WAR AGAINST MALARIA IN ITALY

BY ANGELO CELLI

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TRANSLATED FROM THE ORIGINAL

BY L. L. DOCK

[The following account of the work now going on in Italy towards the extirpation of malaria is of double interest, affecting profoundly, as it must in time, the social and economic conditions of the Italian peasant, and indirectly, no doubt, the emigration question. This splendid work, aiming at making the earth more habitable and life more worth living for thousands of workers, is one of the encouraging and stirring chapters in modern history. The length of the original article made it necessary to omit some parts, retaining only so much as made the story.—L. L. D.]

IN the early days of July, 1898, on the initiative of the Hons. Fortunato, Franchetti, and Celli, the Society for the Study of Malaria was founded, and since that time, always unobtrusive but active, it has devoted itself unremittingly to a work as useful as it is insufficiently known.

Our society had the good fortune to arise at a favorable moment. Under the learned direction of Manson, Ross, an English medical officer at Calcutta, after three years of ingenious and patient researches, had demonstrated, in May, 1898, that the malaria of birds, perfectly analogous to that of man, was propagated by ordinary mosquitoes, and he was also well advanced in the experiments he had undertaken in order to demonstrate that the malaria of man was propagated in the same way, but by another species of mosquito, which we know to-day to be the *Anopheles*.

I had already demonstrated that soil and water were not the causes of malaria. Bignani had concluded that this malady acted, in regard to man, as if it were an inoculation by mosquitoes; Ficalbi had thoroughly described these insects, their varieties and their habits; and since 1880, the epoch when Laveran gave the first description of the malarial parasites in the blood, our medical schools of Rome and Pavia had perfected their methods of research, and had tested and completed a world of facts relating to the malarial parasites in the blood-cells and tissues of the body.

In the course of the summer of 1898, in studying the geographical distribution of different species of mosquito in the malarial regions of Italy, Grassi had indicated three varieties as the most suspicious; and one of these, the *Anopheles*, was always found in those localities where

fever was prevalent. This was enough to incite our researches to greater activity, and in the following autumn Bastianelli, Bignani, and Grassi gave the direct proof of the propagation of human malaria by means of mosquitoes, and demonstrated that it was the *Anopheles*, and not the ordinary mosquitoes, or blood-drawing insects, which transmitted malaria to man.

This new theory of malaria once demonstrated and indubitably confirmed on all sides, the next important step was to take advantage of this knowledge in applying it to useful hygienic measures.

This was the task undertaken by this society, to which it has formally consecrated itself. True, since 1898 it has not been able to collect more than fifty thousand francs, whilst Germany, England, and Belgium, in a spirit of noble emulation, organized, with sums of money that seem fabulous to us, foreign scientific expeditions for the study of malaria, placing at their head such men as Koch and Ross; but the limited resources which some few landowners, the railroad companies, certain municipalities and provinces, notably Rome, and several State ministers have bestowed upon our society have already, thanks to the self-abnegation and voluntary sacrifices of those who undertook this work,—physicians, students, professors,—given the happiest results, and will, I am certain, give even more in future.

First the work of our investigators had to be strengthened; then, in the light of the new theories, the enemy, once recognized, had to be attacked with the most perfect weapons known to science.

Consequently, on the since famous farm, La Cervelletta, where Lombard agriculturalists, under a Roman proprietor exceptionally enterprising and sagacious, Duke Salviati, were beginning a wonderful work of sanitation, I installed, in 1899, the first station for the study of malaria in the midst of the Roman Campagna. Dr. Dionisi did the same at Maccarese.

Whilst daily study was made of human malaria, its genesis, propagation, and course, I began immediately to apply the new theories of bovine malaria, inoculated, as Smith and Kilborne thought, by means of ticks. In times past, in the Campagna, this bovine malaria had destroyed whole herds of milk-cows and ruined extensive undertakings in irrigation and cultivation of meadow-land for dairy and cheese-making; and now, anew, at La Cervelletta this deadly malady had burst forth and menaced with ruin all that the energy and enterprise of Lombard activity had undertaken.

But thanks to a simple counsel of practical hygiene, dictated by the new theories, which was to keep the cows in their stables during the warm season in order to protect them against the ticks, I was able to

avert entirely the economic disaster threatening the enterprise, which has since then developed in an extraordinary manner; meantime, in this station, I pursued the study of epidemic malaria and the means of combating it.

Already, indeed, during the summer and autumn of 1899, along the railroad line of Prenestina-Cervara, I had demonstrated, for the first time and beyond any doubt, that by the simple method of mechanical protection, in covering the exposed parts of the body in such a way that mosquitoes could not bite them, and by the use of mosquito-nets for the house, it was possible to protect artificially from malaria men who lived and worked in the most gravely infested localities.

In the following year (1900), whilst this method of mechanical prophylaxis by protecting the face and hands was being confirmed indisputably by the employes and laborers on the railroads, I began the first application of this preventive system among the peasants of La Cervelletta and among the guards of the Campagna.

In 1901 the experimental field had extended from La Cervelletta to several farms along the road to Rome. La Cervelletta had become a model, not only of intensive agriculture, but also of anti-malarial hygiene, and over the whole of this territory, until then ravaged by fever, we undertook a vast anti-malarial campaign, which was extended through the whole low-lying ground of the Anio, and in which we tried all the best methods of fighting malaria, such as the assiduous treatment of recurrent fever, both during the epidemic period and before it, the preventive treatment with the most digestible salts of quinine, and the mechanical protection of houses.

In like manner, little by little, since 1900, the work of the society has been extended to other malarial parts of Italy, and at the same time it has continually turned the discoveries of the laboratory to a practical application. Thus, on the model of La Cervelletta eleven similar stations were established in 1900. In 1901 a number of others were opened, ten in all, and in 1902 six others.

Thus, then, over all parts of Italy, the contagion of malaria is understood as well as or perhaps better than any other contagion, and there has been put into motion on a large scale the successful application of new methods of prevention against this pestilence which desolates the most beautiful and the most fertile parts of our peninsula.

(To be continued.)

BOOK REVIEWS

IN CHARGE OF
M. E. CAMERON



THE LIFE OF FLORENCE NIGHTINGALE. By Sarah Tooley. New York: Macmillan Company. London: S. H. Bonsfield & Co., Ltd.

The fact of an American edition of "The Life of Florence Nightingale" immediately following its appearance in England is significant of the universal interest the book has for nurses in all countries. The book was written with the object of marking the jubilee of Miss Nightingale, who fifty years ago started on her extraordinary mission to nurse the sick and wounded in the Crimea. Mrs. Tooley is the biographer of royalty. She is the author of a "Personal Life of Queen Victoria" and a "Life of Queen Alexandra," and it is the life of the "Queen of Nurses" that she presents to us in her present work. At times it is almost as if she wrote of one already canonized—some one sacred, quite beyond all possible mistakes. This attitude, which grew out of the loyalty and gratitude of the English people when they recognized the greatness and effectiveness of Miss Nightingale's work, has been preserved amazingly through all these years—a half century; new generations arising have called her blessed; and to-day she is the popular heroine in modern history to young England, as the voting contest in "The Girls' Realm" proves. It is delightful to read the tenderly minute details of Miss Florence Nightingale's early life, so sheltered and beautiful—care unknown and blessed with so much love. Small wonder would it have been had she grown selfish, instead of which it fostered in her an intense desire to make the lives of all about her happier. We are not told the exact age of the future Queen of Nurses when she met Elizabeth Fry, but she must have been in the early twenties, and already her thoughts were turned towards nursing, and it was the account given by Elizabeth Fry of the work at Kaiserwerth that gave her the clue she sought. She had already found that her best intentions were hampered by lack of training, and she now learned where she could obtain what she needed. Later she wrote: "Nursing is an art; and if it is to be made an art, requires as exclusive a devotion, as hard a preparation, as any painter's or sculptor's work; for what is the having to do with the dead canvas or cold marble compared with having to do with the living body—

the temple of God's spirit. . . . It is one of the fine arts; I had almost said, the finest of the fine arts." There is very little told of the personal life of Miss Nightingale, probably in accordance with her own wishes, for never was there a more modest and unassuming celebrity. When she started for the Crimea she went from London after nightfall, only a few immediate relatives knowing of her departure, and on her return she walked into her home, an unknown lady, until the door was safely shut behind her, then only did she reveal herself to her friends. The complete unconsciousness of self is evident in all her work, but perhaps this is shown best in the letter written by her to the reverend mother of the Roman Catholic sisters who accompanied Miss Nightingale to Scutari: "You know that I shall do everything I can for the sisters whom you have left me. I will care for them as if they were my own children. But it will not be like you. I do not presume to express praise or gratitude to you, reverend mother, because it would look as though I thought you had done this work, not unto God, but unto me. You are far above me in fitness for the general superintendency, in worldly talent of administration, and far more in the spiritual qualifications which God values in a superior; my being placed over you was a misfortune, not my fault. What you have done for the work no one can ever say. I do not presume to give you any other tribute but my tears. But I should be glad that the Bishop of Southwark should know, and Dr. Manning (afterwards Cardinal), that you were valued here as you deserve and that the gratitude of the army is yours."

But this humility does not betoken any over-sensitive self-distrust; when there was something to be done, it was done with miraculous rapidity. The transformation of the culinary department at the barracks hospital is an example. Ten days after Miss Nightingale arrived on the scene the sick and wounded were for the first time being served with appropriate and nourishing diet. An old veteran gives his impressions of the change in the diet inaugurated by Miss Nightingale and her staff. On his arrival he was given a basin of arrowroot and he said to himself: "'Tommy, me boy, that's all you'll get into your inside this blessed day, and think yourself lucky you've got that.' But two hours later, if another of those blessed angels didn't come, entreating of me to have just a little chicken broth! Well, I took that, thinking maybe it was early dinner, and before I had well done wondering what would happen next, round the nurse came again with a bit of jelly, and all day long at intervals they kept on bringing me what they called 'a little nourishment.' In the evening Miss Nightingale she came and had a look at me, and says she, 'I hope you're feeling better.' I could have said, 'Ma'am, I feel as fit as a fightin' cock,' but I managed to git out

something a bit more polite." No wonder the men kissed her shadow as it fell on the wall as she passed. But while her progress was one great triumph, and while the people at home, from the Queen on her throne down to the poor wives and mothers of the privates in the service, were unanimous in their praise of the "Lady-in-Chief," there were still those who carped and criticised. At home there were those who questioned the propriety of women nursing in a military hospital; there were fanatics who spread a sinister report that she had gone out to the East to spread Puseyism amongst the British soldiers; others declared that she had turned Roman Catholic, and others again that she was a Unitarian, while some others, with great faith in a long word, asserted her a "Supratapsarian." And, of course, at the scene of action there was enough delinquent officialism to make a great outcry. No doubt Miss Nightingale felt secure enough to ignore all criticism; she apparently never took the slightest notice of it. Nurses to-day will stand by her when they read the description of the uniform provided by the government for the second staff of nurses sent out to assist the first contingent. It is furnished by Sister Mary Aloysius, who with the other Sisters of Mercy was allowed to retain her religious garb: "The ladies, and paid nurses, wore the same uniform—gray tweed wrappers, worsted jackets, white caps and short woollen cloaks, and a frightful scarf of brown holland embroidered in red with the words 'Scutari Hospital.' The garments were contract work and all made the same sizes. In consequence the tall ladies appeared to be attired in short dresses and the short ladies in long. That ladies could be found to walk in such a costume was certainly a triumph of grace over nature."

When Miss Nightingale returned home, after a little more than a year and a half in the East, it was not known that her health was so broken that she could never again be the leading spirit in any great enterprise which required extraordinary strength and endurance. The generous public raised almost fifty thousand pounds and placed it at her disposal, calling it the "Nightingale Fund." With this money they desired her to found a hospital in London to be carried on under her own system of nursing. When it was found that on account of her broken health she would never be capable of undertaking such a task, the money was placed in the hands of trustees to be devoted to the training of hospital nurses. Thus started the Nightingale Training-School in St. Thomas Hospital, London. This Training-School is regarded by the nurses of America very much as one would a notable ancestor, the true parent of all our training-schools.

At the International Congress of Charities, Correction, and Philanthropy in 1893, to which, by the way, Miss Nightingale contributed a

paper on the "Nursing of the Sick," the late Miss Louise Darche in her paper on the "Organisation of Training-Schools in America" said of the work of Miss Nightingale: "The Nightingale School must ever stand alone as unique in its scope and in its organization; the pioneer school of all schools—the conception of a noble woman whose generosity and philanthropic impulse set in motion a system of caring for the sick which has brought light and comfort into more dark places than perhaps any other movement of this century."



SCIENTIFIC STREET CLEANING.—An example of what can be accomplished by honest endeavor, controlled by scientific knowledge, in the administration of affairs concerning the public is furnished by the work of Street Cleaning Commissioner John M. Woodbury, of New York. Not satisfied with the old and inefficient method of cart-sprinkling and sweeping, he introduced the plan of washing the streets by means of compressed air machines, or with hose from the hydrants. Instead of laying the dust by sprinkling, he says the streets should be washed so clean there will be no dust. During the past year an average of sixty miles of street has been washed daily, between the hours of one and four in the morning. By washing, Dr. Woodbury means applying the water with sufficient force to remove the gum which clings to the surface of asphalt; this, he says, is the only sanitary way to clean such pavement. The proof of his assertion is found not only in the comparative freedom from dust as raised by the older methods, but also in a more positive way of bacteriologic tests. The latter show that bacteria are very largely removed from the streets by washing them as described. An agar plate exposed at a point on Fifth Avenue just after the passage of a sprinkling wagon developed four hundred and sixty colonies of bacteria. A second plate, exposed at the same place for an equal time after approved flushing of the street, showed only ten colonies. Another proof of the efficacy of the plan adopted is the low death-rate in the part of the city which has been so cleaned for a considerable period of time. Extended comment upon these facts would be superfluous. They are made possible by putting the right man in the right place, a consummation devoutly to be desired in many of our graft-cursed cities.—*American Medicine*.

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF
ELIZABETH ROBINSON SCOVIL



TREATMENT OF FOREIGN BODIES IN THE EAR.—The *New York and Philadelphia Medical Journal* has the following: "According to the *Medical Press and Circular*, these are habitually divided into two classes—live bodies and inanimate bodies. The former consist generally of fleas, grasshoppers, or earwigs, which penetrate into the ear during sleep, while others are bred in the ear, from eggs deposited by flies, and these eggs produce worms or larvæ. Inanimate bodies are as variable as those found in the nose—pearls, shoe buttons, pebbles, beans, grains of every kind, plugs of cotton wool, paper, etc. These may remain some time without causing any trouble, but generally they provoke buzzing, vertigo, nausea, vomiting, headache, and sometimes epileptiform convulsions, symptoms that resemble cerebral disease (meningitis). Children have been treated for this affection. If the foreign bodies are angular, pointed, infected, if they are capable of becoming swelled by humidity, if they are insects or their larvæ, they provoke violent inflammation with suppuration of the external meatus. The tympanum itself soon gets inflamed and otitis of the middle ear with all its complications sets in. The treatment of these foreign bodies should always begin with repeated injections which, if persevered in, frequently succeed. If the body can be reached easily, a forceps or a crooked hairpin may be able to extract it. If, on the other hand, the symptoms are grave and threatening from penetration of the tympanum, the situation renders more radical means imperative. Either extraction should be made under chloroform, or an attempt to enter the middle ear and remove the obstruction.

CARE OF PUERPERAS.—*American Medicine* in an abstract of an article in the *Medical News* says: "James D. Voorhees says continued asepsis after delivery is of first importance. This falls largely upon the nurse. The vulva and the nipples should be regarded in the light of clean laparotomy wounds. For the first few days a pad of gauze wet with a 1 to 10,000 mercuric chloride solution should be worn over the vulva. Early vaginal examination and vaginal douching are condemned. After ten or twelve days hot douches help in the process of uterine involution.

Immediately after delivery, if the uterus shows a tendency to relax, Voorhees gives an intrauterine douche of acetic acid; he doubts the efficacy of the abdominal binder. After delivery a fluid diet should be given until the bowels move. During pregnancy the nipples should be cleaned and softened by cocoa butter or albolin. If the nipple is small, it should be massaged. The hardening treatment of the nipple is not favored. After delivery, until the milk comes, the child should be put to the breast three times the first day, five the second, etc., allowing it to nurse but a few minutes, cleansing the nipple with boric solution before and after nursing, and anointing afterwards with abolin. The patient should be kept in bed at least two weeks after delivery, and longer if there is any tendency to subinvolution. The patient should not walk till the third week."

CARBOLIC ACID POISONING.—Dr. A. Szwajkart reports in *American Medicine* a case of poisoning from carbolic acid in which he administered three teaspoonfuls of common vinegar as an antidote. The patient, a baby six months old, recovered. The child vomited after taking the vinegar and was then given a pint of warm milk in short intervals. He himself had at one time by mistake washed his hands in concentrated carbolic acid. After washing them in vinegar and then in water no trace of the carbolic acid burn remained.

ADRENALIN CHLORIDE IN TYPHOID HEMORRHAGES.—The *Journal of the American Medical Association* in a synopsis of a paper in the *Therapeutic Gazette* says: "Thursh has had an extensive experience in the use of adrenalin chloride in the treatment of hemorrhage complicating typhoid and considers it superior to other astringents. The drug is particularly valuable in that it is also a decided vascular stimulant, stimulating the heart directly, and by contracting the arterioles it raises arterial tension. He gives twenty-drop doses (1 to 1000) hypodermically every three hours until the hemorrhage is entirely controlled, when it can be administered per os in ten-drop doses for the next twenty-four hours. The usual methods of applying ice to the abdomen, the elevation of the foot of the bed, etc., are recommended as valuable adjuncts in the treatment."

A TEST FOR CONSTIPATION.—The *Medical Record* in an abstract of a paper in the *British Medical Journal* says: "C. Graham Grant believes that many people complain of constipation when this condition is not really present, and also that many individuals think that their bowels are in good working order when constipation really exists. He believes

that the test depends upon the time consumed by the passage of food. If the morning motion consists of the débris of the food consumed during the previous day, constipation does not exist. If, instead, the débris of food consumed some days previously forms the stools, constipation does exist. In many cases this is an important matter to determine. The writer suggests giving a tablespoonful of animal charcoal to doubtful subjects and time its appearance in the stools. In normal persons it comes through in twenty-four hours. In one case it delayed for a week. This patient, however, thought because she went to stool every morning that she could not be constipated. This test is of value in suspected intestinal obstruction. It is also possible by this test to convince mothers that their children do not need castor-oil every night. The gritty charcoal is unmistakable in the excreta."

TOO HIGH FAT PERCENTAGES.—The *New York and Philadelphia Medical Journal* in an abstract of an article in the *Medical News* says: "Holt asserts that many physicians do not appreciate that a too high fat percentage is capable of doing a bottle-fed baby much harm. Excessively high fat percentages result chiefly from two causes: (1) from the desire of the physician to overcome constipation; (2) from the belief that the richer the dairy milk the better. That is to say, rich Jersey milk, which contains about 5.5 per cent. fat, is used with formulae calculated for ordinary milk which averages four per cent. fat. Personally the author has never seen the necessity for increasing the fat of bottle milk above four per cent. Five illustrative cases are reported to show how much damage may be caused by high fat content."

ACCIDENTAL VACCINATION.—The *Medical Record* in a synopsis of an article in a German contemporary says: "Lubliniski considers it of importance to warn the persons in charge of the newly vaccinated of the danger of accidental infection from the pustules. The greatest care and cleanliness must be observed, and precautions are necessary to prevent contact with other children. Patients with eczema or prurigo are especially susceptible to generalized vaccina, and should never be vaccinated until cured, in spite of Unna's advice to vaccinate such children in the hope of effecting improvement in the eczema. Seven fatal cases in twenty-one of accidental infection have been reported and show the predisposition to dangerous complications caused by eczema. The author recently observed a nasal infection in a woman who used her handkerchief in cleansing the vaccination pustule of her child, and then wiped her nose with it. The lesions produced were not severe and subsided spontaneously in the course of fourteen days."

FOREIGN DEPARTMENT

IN CHARGE OF
LAVINIA L. DOCK



A PIONEER IN DANISH NURSING

A NURSING pioneer whose work has all been of an entirely original character—that is, thought out by her unaided self, not suggested by others, is Mrs. Norrie, of Denmark, who, since the London Congress, has been the honorary vice-president of the International Council from Denmark. Mrs. Norrie's own actual experience of nursing has been short, for when, as a young woman of superior family position, she desired to learn nursing, it was with difficulty, and struggling against obstacles, that she succeeded in getting some months' hospital work with instruction from the physicians.

She soon after married Dr. Norrie, a physician of prominence (and related to those New York Norries who are interested in St. Luke's Hospital) and of unusually liberal views, and, herself possessing a creative and fearless mind, she has worked continuously since her marriage, in writing, in speaking, and by her influence, for the best interests of nursing education and a better systematization of hospital management.

A curious feature of the Danish hospitals is, that while the hospitals are admirable and the nurses of such a beautiful and excellent type of young womanhood that no training-school superintendent could wish for more ideal probationers, these lovely nurses get practically *no teaching*, as we understand the word.

The matron or principal of the training-school, as we see her in England and America, holding all the threads in her hand and regarding it as her duty to see that all of her pupils, so nearly as may be, have equal opportunities in all the different services—seems to be distinguished by her absence in many of these fine European hospitals. The head nurses remain in their posts for a long time and become a set of little independent rulers. They do not like to have the nurses changed, and the doctors cannot tolerate the idea. There is no one to systematize and carry out an orderly, well-planned scheme of training for all, and, consequently, there is no such thing in existence; of course, the physicians imagine that there is, but that is only because they don't know what nurses should be taught.

It is certainly most interesting, in these old countries, where men have everything their own way, to see just what funny ways they have. However, this is not to the point.

Mrs. Norrie, hoping to interest well-educated women in nursing and to enter a wedge for systematic education, opened in 1883 an elementary nursing course for gentlewomen, secured lecturers on hygiene, and obtained for these pupils seven hours of practical work in hospitals for a three-months' course.

She next presented, in written articles, a plan for a genuine nursing school, for which she advocated the following principles: 1, a probationary or preliminary period; 2, shorter hours (than fourteen); 3, a systematic scheme of training; also, classes in elementary nursing for mothers of families. Her plan was, for three months to give the pupils the elements of nursing, of anatomy and physiology, chemistry, hygiene, and dietetics, and then for second three months to put them through laundry, kitchens, and linen-room. After this she advocated a full ward course of two and one-half years in hospital, with experience in medical and surgical work, children's wards, mental cases, and obstetrics.

Her idea was to have the preliminary course open to day pupils living at home. Mrs. Norrie has written much against long hours, and her ideas have appeared in Swedish and German magazines, as well as English.

She has made some interesting historical studies in nursing affairs, showing that in 1625 the number of nurses provided for military hospitals was much more ample (one to ten patients) than was the case at the end of the last century, when only one to twenty patients was the rule. Mrs. Norrie's chief life-work, however, has been in the field of the woman's movement, and in this connection she has long advocated an idea which also grew spontaneously as the result of her work and reflections—namely, that, just as in European countries, all young men in every grade of life must give their country at least one year of military service, from which they are only exempt through ill-health or some unusual condition—so also there should be required of all young women, of every grade of society, one year of public service or service given to the State, which should be credited to them as the equivalent of the military service, which, when it is given by the educated classes, is called (though really compulsory) "voluntary." Her idea for this public service is, of course, that it shall be a useful service, either in schools, or hospitals, or in ways not as yet developed. This idea has spread far and wide among women in European countries, who suffer especial injustice under the taunt, often made, that they are useless to the State, whereas men are its defenders. In countries where there is no compulsory military service

this discrepancy is, of course, not so glaring as in Europe, where militarism is a fetich. Whether this really splendid idea will ever be carried out remains to be seen.

An anecdote of Mrs. Norrie's early nursing days will give a good idea of how nurses have had to pick up knowledge in the past. It occurred in a children's hospital, where the nurses, in order to learn catheterization, were accustomed to practise it on little girls, although the little patients did not need it and it was in no way ordered. Yet this zeal on the nurses' part to learn was considered most commendable and was approved highly by the physicians, to one of whom Mrs. Norrie ventured modestly to dissent, saying she thought it was bad for the children; he inquired why she thought so, and she stated that she thought it produced cystitis. He assured her with some warmth that children did not have cystitis, and she then, to defend herself, took him to inspect several children.

The result was that he wrote a learned paper proving the existence of cystitis in little girls following the use of the catheter, which made a great impression in the medical society. However, Mrs. Norrie's name was not mentioned!

Mrs. Norrie was also at the Berlin Congress, but her duties in the Executive Committee allowed her little time for nursing affairs. Although all her work is done most quietly, the influence of her broad-mindedness and sweet temperateness of character has been greater than many people know.

ST. JOHN'S HOUSE, LONDON.

BELLEVUE nurses who are interested in nursing history may not, perhaps, all know just where the roots of their tree run back to in the past.

In speaking to Miss Monk, the matron of King's College Hospital, of the supposition that Sister Helen, who started the Bellevue Training-School, was from the King's College Hospital, I learned that Sister Helen, though she had been in charge at King's College Hospital for a time, was in reality a member of the Church of England Order of St. John's House, which has a most interesting and admirable history in the development of English nursing. The *British Journal of Nursing*, which is a mine of nursing history, has in its issue of May 30, 1899 (it was then the *Nursing Record*), a letter, dated from St. John's House and signed K. H., which gives a sketch of the pioneer work of this order.

It appears that a letter had been written by Dr. R. B. Todd in 1847,

urging the necessity of nursing reform and of educated women to take up the work.

In July, 1848, many eminent men (women not mentioned), including physicians, met and established an "Institution for Training Nurses for Hospitals, Private Families, and the Sick Poor," and called it "St. John's House." The prospectus for the proposed institution, with the scheme for probationers, nurses, and sisters, was published in the *British Magazine* for July, 1848.

The first St. John's Nurses were trained at Westminster Hospital, and when the Crimean War broke out St. John's House had trained nurses ready to go to the front with Miss Nightingale.

In 1856 the sisters and nurses of St. John's House undertook the nursing of King's College Hospital. This has since been discontinued, as the hospital has now its own training-school.

The early history of St. John's House is to be found in its early reports, in the London newspapers for July, 1848, and for October, 1854, and in "In Memoriam, R. B. Todd," by Dr. Lionel Beale.

Miss Mary Burr, a nurse who was trained in St. John's House, and who was at the Berlin Congress, is a peculiarly sympathetic personality, and gives one the feeling of having known her a long time. She writes occasionally and excellently on nursing affairs, and I am sure that this impression of having known her before, which I mentioned long ago in the *JOURNAL*, is some occult result of her belonging to this institution which started our dear old Bellevue in the way it should go.

NURSES' HOUSE IN PARIS

Miss SARAH MACDONALD, of the Johns Hopkins Hospital, has lived in Paris for several years, where she, with several other nurses, made a charming and cosy little home in a flat at 10 Rue d'Alger, just off the Tuileries Gardens and close to the very centre of Paris. She and the little group of nurses have plenty of private duty all the time, and this winter they have enlarged their borders, taken a larger flat in the same house, and Miss De Long, of the Johns Hopkins, is taking charge of the coöperative affairs. They will have a directory for English and American nurses, choosing them, of course, carefully. Their telephone number is 297-88. Three more Johns Hopkins nurses have joined them, and, though permanent residents will probably only be taken after direct arrangement in America, they hope to have room sometimes for nurses who are passing through Paris to stay for a few days. Such visitors will surely find the hospitality and comfort of the little nursing home most attractive, and on the working side it is quite certain to be a success.

ITEMS

In looking over the back numbers of the *Nursing Record* (now *British Journal of Nursing*), it is interesting to find that, at a quarterly meeting of the Royal British Nurses' Association held in August, 1890, Dr. Bedford Fenwick said that he had received the rules and papers of the "American Nurses' Association" and proposed a resolution of congratulation and best wishes, with offer of friendly counsel if needed, to the American society. Not only that, but the resolution was seconded by Miss Catherine J. Wood, whom American nurses learned to know and respect at Buffalo, and passed by acclamation.

What American Nurses' Association was this?

From the same source we learn that one of the earliest suggestions of hourly nursing was made by Miss Louisa Twining, a name well known to English people, but whose noble life of philanthropic labor for the improvement of workhouse infirmaries is known too little in America. In 1886 she wrote: "The District Nursing Association begun three years ago at Kensington, being a branch of the Central Home in Bloomsbury Square, nurses the poor in their own homes, and visits once or twice daily, going to people in flats, lodgings, or boarding-houses, largely a class of tradespeople, who pay in accordance with their means. . . . I am quite sure that when the system of daily visits has become known it will be extended to the upper classes as well . . . as there is now so large a number of ladies trained as nurses . . . I venture to direct their attention to this hitherto unexplored field of work."

At a recent meeting of the National Council of Women of England Miss Catherine Wood (Women's Local Government Society) moved a resolution bringing before the Local Government Board the urgency of the need for the appointment of women as Poor Law inspectors, more especially of Poor Law schools and of the sick wards of county unions, and the importance of the appointment of women as inspectors of the female sides of asylums for lunatics and imbeciles. Miss Wood held that work done without the coöperation of women was only half done.

It has been the practice for nurses connected with the Liverpool District Nursing Association to visit certain of the schools and to dress any wounds, etc., needing attention. Last year some fifty thousand such dressings were performed, and the District Nursing Association desire that their work should be supported by the authorities. All connected

with the schools—inspectors, managers, and teachers—have everything to say in favor of the good work done by the nurses, and it is to be hoped they will attain the recognition which they seek.

NURSING REFORM IN FRANCE.—The municipal authorities of Bordeaux, as a result of Dr. Anna Hamilton's years of work in nursing reforms, have established a training-school on modern lines with an English sister in charge. The directrice of the newly organized Training-School for Nurses at the Hôpital du Tondu, Bordeaux, is Miss Catherine Elston, who was trained at the London Hospital, where she held the position of sister. She was subsequently appointed home sister at the Poplar Hospital. In 1903 Miss Elston was appointed cheftaine (sister) at the Maison de Santé Protestante, Bordeaux, and in April of the present year took the direction of the Nursing School at the Hôpital St. André, where the nuns and lay nurses worked together. When it was decided to separate the lay and religious elements, Miss Elston was appointed directrice at the Hôpital du Tondu, to which the lay section of the school was transferred. The hospital contains one hundred and twenty beds, and the nursing staff includes the directrice, three cheftaines, two staff nurses, twelve pupils, and a home sister. Miss Elston warmly appreciates the work done by her late chief, Dr. Anna Hamilton, for the improvement of nursing in Bordeaux is due in the first instance to her thesis, "*Considerations sur les Infirmières des Hôpitaux.*"

A NURSES' DEBATING SOCIETY.—The following is the synopsis of subjects for discussion by the Debating Society connected with the League of St. John's Nurses, London, for 1905:

"The Nursing of Tuberculosis in the Open Air, with Special Reference to People of Moderate Means;" "The Right Use of Books;" "The Nursing of Gastro-Enterotomy;" "What Opportunities have Private Nurses for Self-Improvement?" "What are the Duties of a Nurse in Preparing for an Operation in a Private House?" "Influenza and its Complications." "Is Nursing a Profession? If Not, Why Not?" "Should Nurses Spend Their Holidays in Professional Company or Not?" "Why are Private Nurses so Little Able to Adapt Themselves to Circumstances?"



LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

DEAR EDITOR: As a member of the Publication Committee, I wish to thank you for your spontaneous and friendly hand so cordially given to the *Nurses' Journal of the Pacific Coast*. Without your aid our impetus might have been less courageous and our assurance less. I believe you will have this proof in the fact that your JOURNAL is being more widely read by our Western nurses and that subscriptions are due to our relying upon it for leading information. Fraternally and sincerely,

MARGARET L. GOODHUE.

SAN FRANCISCO, CAL., January 27, 1908.

DEAR EDITOR: I am glad the question of nursing for doctors of different schools has come under discussion, and I hope that all nurses who have been *one-school* nurses will be set thinking when they read the letter in the February number by "One Who Hates Intolerance."

It is indeed a pity that any woman who has fitted herself to follow one of the noblest of professions should be so narrow, and yet I know of several nurses who have an idea that there can be but one school of doctors that is any good, when the fact of the matter is, it makes but little difference what school a doctor represents if he is conscientious, brainy, and has common-sense.

A doctor has his part to perform in caring for the sick, and while a nurse in a measure supplements the work of the physician, yet she has her own peculiar duty, for a patient needs much besides medicine. They need sympathy, and by that I do not mean the sentimental sympathy so often thought of, but true, womanly, cheerful sympathy that gives a patient moral courage—the kind of sympathy that enables a nurse to guide a patient with a strong, firm hand through a trying convalescence.

Let nurses be too broad minded and live on too high a plane to feel that our dignity is lowered if the physician in attendance does not happen to represent our pet school. Rather let us work faithfully by his side, earnestly striving to do our part towards assisting him to restore the sick one to life and strength, remembering always that our dignity is lowered only by our own conduct. If we always conduct ourselves as

true, Christian women, the profession of nursing will never suffer because of prejudice.

MARIE L. COOPER,
Clinton, Ill.

[There are no schools of medicine in nursing.—Ed.]

DEAR EDITOR: In regard to the remark on page 190 of the December JOURNAL about rubber cushions filled with warm water used at the London Hospital, I should be glad to call the attention of superintendents of hospitals, as well as of nurses in private duty, more emphatically to this very useful article for the comfort of our patients. We use them in many hospitals in Germany. In my own school every ward was supplied with three or more, for adults as well as for children. Fever patients, operated patients, any bedridden poor old woman,—in short, everyone who had to lie quiet and flat,—was bedded on such a water-pillow. With it we had almost no fear of decubitus. It never feels as hot as air-pillows, nor as hard, as the weight of the water itself bears the weight of the patient. In cases of low vitality the doctor ordered, perhaps, the temperature of the water a few degrees warmer, which can be kept up by hot-water bags placed at the side of it. In most cases the temperature of the body keeps the temperature of the water just right. It needs refilling about twice a week. In a very hot spell in New York I filled it with cooler water, and this, with an ice-bag on the head of the patient, kept him so comfortable that he hardly noticed the heat. I heard of still another use from the Frauen-Klinik in Göttingen. There they place it on the operating-table whenever they have long cases or fear a collapse. I am convinced it helps to keep up vitality as much as woollen blankets or the hot temperature of the room.

The very point of its usefulness is in the skill of the nurses in handling it and in the selection of the right cases. Its price is, when imported from Germany, with duty, from seven dollars to eight dollars. I tried to get it manufactured here by some of the best companies, but met only indifference and reserve, as for a doubtful speculation.

Perhaps these lines may help to introduce it for practical use on a larger scale in this country, to give some patients greater comfort, and some nurses more relief in their work.

F. D.

DEAR EDITOR: In the current issue of your valued JOURNAL a contributor to your letter-box makes this statement, "To be on regular duty in an army hospital in time of peace is no place for a womanly nurse." For the sake of the one hundred most womanly nurses whom I have the honor to serve I beg a place in your pages to take issue with

our friend on this point. I wish to introduce her to one or two of our general hospitals, to ask her why ministering to the needs of a sick soldier is demoralizing, and wherein these needs differ from those of a sick civilian. I beg her to accompany me in spirit, as I wish she might in fact, to the United States Army General Hospital, Presidio of San Francisco, with its four hundred or more beds, its magnificent new operating-room, than which nothing could be finer, its pathological laboratory and X-ray equipment, its ten beautiful wards, its library, recreation rooms, steam and electric plants, its telegraph-office and post-office (under its own roof, regularly organized branches of the main offices), its printing-rooms and presses, a pavilion entirely apart for the insane, its quarters for the forty-odd nurses (many of whom had five or six years of service), and the tennis court for their use. Permit me to introduce to her the dignified and competent chief nurse (a graduate of splendid Mt. Sinai, New York City) and her able head nurses and their assistants—not one of whom the breath of scandal has ever touched.

Then let me ask your correspondent to what, in this environment, does she take exception, and if she admits the propriety of women nurses for male patients anywhere, wherein does this hospital differ from other civil hospitals?—what is here lacking, what is here present, that should unsex a nurse or make her less “womanly”?

I have referred to only one of our large general hospitals, but there are others to which all the above remarks apply with equal force. Where could the ministrations of a dignified, womanly nurse be more sorely needed than in the stupendous work of the United States General Hospital at Fort Bayard, New Mexico, in its hand-to-hand fight against the “great white plague”?

That the ideal conditions have not yet been attained for the Army Nurse Corps no one realizes or deplors more deeply than its Superintendent. I, however, deny unqualifiedly that its service is demoralizing and that its members do not represent a very high average of “dignity, womanliness, and professional ability.”

“I know whereof I speak and do testify to that which I do know.”

DITA H. KINNEY.

[LETTERS to the editor must be accompanied by the name in full and address of the writer, otherwise such communications cannot be recognized. The name need not appear in the JOURNAL unless so desired.—Ed.]



EDITOR'S MISCELLANY



CONSUMPTION.—Let us suppose a man who has contracted consumption cannot go away from home, what can be done for him?

If his occupation is an unhealthy one, or if his work is in unhealthy surroundings, he should secure other employment, preferably outside. If he handles foodstuffs, as butcher or baker or cook, for instance; or if he handles certain articles of use and wear, as cigar-maker or clothing-maker, for example, he should make a change in his work, because he is liable to contaminate the food or the goods on which he works.

In his home the keynote of his care will be cleanliness. He must exercise cleanliness as to his clothing, his bed-clothing, and his handkerchiefs; all these must be washed apart from the family linen and purified by boiling. His hands, face, and beard must be kept clean. He must have separate dishes and table furnishings, and these must be washed in boiling water by themselves. Dust in the room must not be stirred up with a broom, but taken up with a moistened cloth. Above all else, the consumptive must expectorate only into a mug or spittoon containing a little water. The germs do not travel in a moist state, but are readily transferred when dried out and formed into dust. Small spit-cups, waterproof paper receptacles or paper napkins, may be used; but in any event all matter from the lungs must be thrown into the drain-pipe; or, better still, burned. The spittoon or other vessel should be kept covered in warm weather; flies may walk over the sputum and afterwards alight on articles of food, thus spreading the germs. Not only must provision be made for cough accompanied by expectoration, but a handkerchief, rag, or paper napkin must be held before the face during the so-called dry cough; otherwise the particles of germ-laden moisture will be sprayed forth on to clothing, bedding, and carpet.

Our patient's diet must consist of plain and nutritious food, well cooked and attractively served. The best manner of feeding is to prepare moderate quantities of easily digested food, and give it rather oftener than the usual three times per day. A well-fed patient frequently increases in weight, and increase in weight usually means an increase in the body's power of resistance to progress of the disease; and it may be regarded in a general way as the index of improvement.

The consumptive must carefully regulate his mode of life; he may

seek diversion, but must not indulge in dissipation. Alcohol and tobacco are bad for him. Places where the air is dry and dusty and smoky are to be shunned; undue exertion and immoderate exercise are to be avoided. In pleasant weather, if he can stay out-of-doors, at the seashore, in the parks or in some sheltered nook at home, he should do so. Not only should he breathe fresh air in the daytime, but by night also. It is best for him to have a separate room and bed. The windows of his room should be open throughout the night, and his bed be protected from draughts.

Knowing that consumption is communicable and chiefly acquired by breathing in the germs, we say to the consumptive, first, last, and all the time, do not spit carelessly in public or in private, in-doors or out-of-doors. Find some means to take care of the sputum; cheap and convenient forms of glass, metal, and pasteboard pocket spit-cups can be purchased at many drug-stores for use away from home.

This is the sum and substance of the prevention of the spread of consumption. Being obedient to this simple rule of cleanliness, "the consumptive is himself almost harmless, and he only becomes harmful through bad habits."

Finally, there is no danger in living with a consumptive, provided he will be clean in his habits.

Consumption is familiar to everyone. The doctors call it "tuberculosis of the lungs." The disease is widespread, but chiefly found in centres of population—in the cities.

Formerly it was thought that the disease was hereditary—"in the blood," as the saying goes. It was believed that any child of a consumptive father or mother was almost sure to develop tuberculosis of the lungs later in life. That is not so. Such a child may start out with a poor stock of vitality and with a lessened amount of resistance, but never with seeds of the disease in the system. Brought up under favorable conditions and with proper oversight, a child born of consumptive parents may pass through life in the enjoyment of fair good health.

In fact, the old-time mystery about consumption has been swept away. We now know three things: First, the disease is *communicable*; that is to say, it is communicated from person to person, although it is not contagious in the sense that measles or scarlet fever or smallpox may become epidemic; second, it is *preventable* to a large extent by the exercise of reasonable care and the observance of a few simple precautions; and, third, it is *curable* in the majority of cases if treated in time—completely and lastingly curable.—*Extracts from leaflet by ADDISON W. BAIRD, M.D., New York.*

Mrs. FRAKE, president of the Illinois Federation of Women's Clubs, said to the nurses of Illinois that they might be sure of the support of all the women's clubs of the State in their endeavor to secure legislation, and advised them first to be sure as to what they want. Better to be very sure and slow, than hasty and uncertain as to all that is desired. The speaker laid great stress upon the need of the nurses being well versed in the salient points of the bill, then, being sure of the same, not to hesitate in the work of educating all those with whom they come in contact as to the features of the same. "Do not think," said Mrs. Frake, "because you have once broached the subject to a friend, that he necessarily is perfectly clear on all points; someone else may have made assertions, not having been clearly informed, which again puts your friend in doubt as to the need and fairness of your measure. Talk the bill, and talk it intelligently; furthermore, if you want its passage, don't be afraid of talking too much. You have the public to educate."

MEDICAL INSPECTION IN BALTIMORE.—The Maryland State Society of Nurses chose a happy moment in which to bring before the public of Baltimore the question of the medical inspection of schools. The interest in this subject has been steadily growing during the past two years, and it culminated in a petition presented by the Federation of Women's Clubs to the School Board at the very date of the society's meeting. Dr. Darlington's excellent address on the subject of "Medical Inspection of Schools and the School Nurse" could not have come at a better time. The School Board and the Health Department agreed as to the desirability of establishing such a service, and asked for appropriations to make a trial with one or two physicians and a trained nurse, the experiment beginning on February 1.

SUDDEN DEATH IN DIPHTHERIA.—The *Journal of the American Medical Association* in a paragraph from *Medicinskoe Obozryenie*, Moscow, says: "Krasnoff's experimental researches have resulted in a confirmation of his belief that sudden death in diphtheria is due to paralysis of the diaphragm."

RADIOSCOPY OF FÆTUS IN UTERO.—The *Journal of the American Medical Association* says: "Albers-Schonberg has succeeded in obtaining good radioscopic views of the fetus at eight months in two cases. He accomplishes this by using a special diaphragm which exerts light compression on the abdomen and prevents change of position by the fetus."

OFFICIAL REPORTS

IN CHARGE OF

MISS MARY E. THORNTON,

220 West One Hundred and Twenty-first Street, New York City



[Contributors are requested to write only on one side of the paper and to be careful to have names of people and places very plainly written and correctly spelled. When material can be type-written it is greatly appreciated by the editor.]

Material for this department should be in the hands of Miss Thornton before the fifteenth of the month, and last items and very brief announcements must reach the Editor-in-Chief at Rochester not later than the twentieth of the month preceding the date of issue.—Ed.]

THE NURSES' ASSOCIATED ALUMNÆ OF THE UNITED STATES

THE Executive Committee of the Associated Alumnae has the honor to announce that the eighth annual convention will be held in Washington during the first week in May, and begs that the following points be given consideration by affiliated associations.

Each alumnae association holding a membership in the national body has the privilege of sending one delegate for every fifty of its members, and one delegate for every additional fraction of more than half that number; these delegates should be elected as early as possible in order that they may have an opportunity to become familiar with the work of the national association. Towards this end it would be well for the delegates to obtain reports of former conventions, which will give them an idea of that which has been accomplished, and this is most important in the case of any recently admitted organization, for in no other way than through the pages of the reports can its members become familiar with many subjects that come up for discussion.

The Executive Committee last year made the following recommendation to the members of the Associated Alumnae: that the associations sending more than one delegate each year would endeavor to return at least one former delegate, thus insuring more familiarity with matters brought up for discussion, and of necessity more satisfactory action than would be possible with all new delegates.

Names of officers and lists of members, together with the names of delegates, may be sent to the secretary at any time.

Upon receipt of the names of the delegates directions for obtaining reduced railway transportation will be sent them. Files of reports may be had upon application to the secretary.

During March further details as to programme, time for convening, etc., will be sent the associations.

MARY E. THORNTON, Secretary.

THE SOCIETY OF SUPERINTENDENTS

THE Society of Superintendents of Training-Schools and the Associated Alumnae of the United States will hold their annual conventions in Washington during the first week in May. The Shoreham Hotel has been chosen as the headquarters of the societies, and the majority, if not all, of the meetings will be held

in the assembly-room of the hotel. Every arrangement is being made to provide for the comfort and pleasure of the members of these two important societies during their week in Washington, and further details will be published in our next number.

The occasion will be made doubly interesting owing to the fact that it has been decided upon to have Wednesday, May 3, a day for the American Federation of Nurses, and on that day both societies will meet together. The question of international relationships will come up that day, and it is hoped to present a programme dealing with matters of vital interest to both societies.

A rough outline of the programme for the week is here presented:

SOCIETY OF SUPERINTENDENTS.

Monday, May 1.

1. Nurses' Homes.
2. Economy in Hospital Administration.
3. Scholarships, Loan Funds, Tuition, Fees.
4. The Introduction of Salaried Instruction in Training-Schools.

Tuesday, May 2.

1. The Present Status of Educational Methods.
2. The Introduction of District Nursing into the Training-School Curriculum.
3. Training-Schools and Hospitals for the Insane.
4. The Results of Establishing Preparatory Courses.

AMERICAN FEDERATION OF NURSES.

Wednesday, May 3.

1. International Relationships.
2. The Effect of Registration upon Training-Schools.
3. The Affiliation of Schools for Educational Purposes.
4. Post-Graduate Study for Nurses.

ASSOCIATED ALUMNÆ.

Thursday, May 4.

DISTRICT AND VISITING NURSING.

1. School Nursing: Its Development and Possibilities.
2. Visiting Nurses and the Prevention of Tuberculosis.
3. New Developments:
 - (a) Contagious Nursing.
 - (b) The Inspection of Tenements.
4. The Congress at Portland.
5. The Relation of Nursing to Social and Philanthropic Effort.

Friday, May 5.

1. Club-Houses, Hostels, and Directories for Nurses.
2. The Opportunity of the Nurse in Private Duty.
3. The Extension of Hourly Nursing.
4. Army Nursing.
5. The Logical Outcome of the Foundation of State Societies.
6. Examining-Boards of Nurses and their Powers.
 - (a) Inspection of Training-Schools.
 - (b) Reciprocal Relations between States.
 - (c) Census, and Reports of Training-Schools.

Members of these societies and others wishing to attend should write early to secure their rooms for the week, as there are other congresses which will be held in Washington at the same time.

Full notice of the meetings of the Associated Alumnae, together with all other details, will be given by the secretary of that body in the next number of the JOURNAL.

M. A. NUTTING,

Secretary Society of Superintendents.

INTERNATIONAL COUNCIL OF NURSES

THE English Provisional Committee which was formed a year or more ago, with the view to international affiliation when the time was ripe for such action, has held a most inspiring meeting at which definite action was taken. The *British Journal of Nursing* says:

"MEETING OF THE PROVISIONAL COMMITTEE.

"On Friday, November 25, 1904, the members of the Provisional Committee of the National Council of Nurses of England met at 431 Oxford Street, London, W. Miss Isola Stewart, honorary vice-president of the International Council of Nurses, presided, and delegates of every society represented on the Provisional Committee were present, viz.: the Matrons' Council; the Society for the State Registration of Trained Nurses; the League of St. Bartholomew's Hospital Nurses; the League of St. John's House Nurses; the League of Chelsea Infirmary Nurses; the Leicester Infirmary Nurses' League; the Registered Nurses' Society.

"Full reports of the Berlin Congress were then read, and the resolution passed at that meeting—viz.: that invitations be officially sent to the Federation of American Nurses, the Provisional Committee of the National Council of Nurses of England (with the Irish Nurses' Association either separately or included), and the German Nurses' Association, inviting them to affiliate with the International Council of Nurses—was presented for action, together with a letter from the secretary of the International Council, embodying the resolution in a formal appeal to the British nurses, and a letter from the secretary of the Irish Nurses' Association relating to their preliminary union with the nurses of England and Scotland, which was as follows:

"IRISH NURSES' ASSOCIATION,

"96 LOWER LEXBON STREET, DUBLIN.

"MISS DICK, MADAM: At a crowded meeting of the Irish Nurses' Association, held on October 4 inst., your letter dated July 22, regarding the affiliation of our association with the International Council of Nurses as one with the National Council of English nurses, was read. The members were unanimous in their desire to join the International Council of Nurses, and with one dissentient only they were unanimous in the opinion that English, Irish, and Scottish nurses should band together to enter the International Council as one strong body, and not three comparatively small sections of one kingdom, but they could not join with the English nurses unless the title of the National Council of Nurses of England was changed to the National Council of British Nurses, or some such comprehensible title. We should be glad to know all particulars, conditions, and the obligations our association would incur in the event of its affiliation with the National Council of Nurses of England.

"I beg to remain sincerely yours,

"MARGARET E. MACDONWELL, Secretary."

"Miss Stewart said the letter was a very pleasant one to hear; she felt sure that everyone present would be glad that this course commended itself to the Irish Nurses' Association.

"Mrs. Kildare Treacy said that as a rule it was very difficult to get nurses together to consider things outside their own work, but the Irish nurses were quite enthusiastic when the proposition as to international affiliation was explained to them.

"It was agreed, on the proposition of Miss Roberts, seconded by Miss Barton, that the name of the committee should be altered to 'the Provisional Committee of the National Council of Nurses of Great Britain and Ireland.' It was also agreed to communicate with the Irish Nurses' Association, informing it that its letter to Miss Dock had been read and considered, and the suggestion contained in it, that English and Irish nurses should cooperate, heartily approved by the Provisional Committee of a National Council of Nurses for England, and asking it also to communicate direct with the honorary secretary of the Provisional Committee.

"After a lively and harmonious discussion, in which the responsive attitude of the Australian nurses as voiced by the *Australasian Nurses' Journal* was pointed out by Mrs. Fenwick, as indicating the probability that the Australian nurses would also soon enter the International Council, the motion in the affirmative was carried unanimously, and steps towards affiliation with America and Germany were agreed upon.

"Further business was: to take into membership the Nottingham Nurses' League, and the appointing of Miss G. A. Rogers, president of the Leicester Infirmary Nurses' League, as chairman of the committee. Miss Barton, president of the Chelsea Infirmary Nurses' League, accepted office as secretary and treasurer.

"Mrs. Fenwick suggested that it would be of great use and interest to form a Library of the History of the International and National Councils of Nurses, and she proposed that all the affiliating leagues and societies should donate annually a bound copy of their journals or reports. The reports of the International Council would be found in the *British Journal of Nursing*, bound copies of which she would present to the Provisional Committee from 1899, when the council was inaugurated. She hoped all the leagues would consider this suggestion and donate their journals from the beginning. The contributed journals should be addressed International Council of Nurses, 431 Oxford Street, London. This suggestion was approved.

"The meeting then terminated."

The suggestion to contribute nursing journals has also been made to the American and Australasian nurses, in the hopes that a complete collection of nursing history may thus be secured.

L. L. Dock, Secretary.

REPORT OF CLASS IN HOSPITAL ECONOMICS FOR JANUARY, 1905

THE past month has been an eventful one for the Class in Hospital Economics.

Miss Banfield's lectures we all found interesting and profitable. We were so fortunate as to have them at the time the stockholders of the JOURNAL were meeting in the city, and thus to have as our guests at tea some friends whom we might otherwise have been unable to secure. Another most interesting event of the month was a surgical clinic for nurses at Roosevelt Hospital, to

which we were invited by Miss Samuel. We appreciated the beauty of the operating theatre and the harmony with which the surgical force worked. Dr. Brewer's address on surgical technique of to-day as compared with that of twenty-five years ago, when "the surgeon washed his hands after rather than before the operation," was most entertaining.

Surely nothing could have been more absorbing or practical than was our experience in Whittier Hall kitchen. The dining-rooms here serve three hundred people, and we were allowed to spend two days in kitchen and serving-rooms, weighing and measuring foods before and after cooking, attending to waste from cooking and from the table, and estimating cost and food values to our hearts' content.

The Course in Hospital Economics offers many excellent things to its students.

LUCE G. VAN HORN.

Contributions for the month of January for Hospital Economics Course:

Roosevelt Hospital Alumnae Association	\$10.00
Miss Idora Rose	10.00
Miss A. M. Anderton	5.00
Miss Lucy C. Ayers	10.00
Mrs. Lystra E. Gretter	10.00

SCHOOL NURSES IN NEW YORK

THE past year's work has been most successful. The following report will show how many cases have been taken care of and how much contagion has been prevented: Pediculosis, 509,142; eye diseases, 294,277; scabies, 1448; ring-worm, 18,808; impetigo, 3619; favus, 279; miscellaneous cases, 45,112.

The number of tenement houses visited was 26,703. The total number of children under supervision in the schools, 318,688, and of these 41,619 were treated individually.

The staff of nurses numbered thirty-five.

Since January 1 of this year the following nurses have been appointed:

Miss Sarah M. Nelson, Long Island College Hospital, Brooklyn, Class of 1893.

Miss Joanna Shen, St. Mary's Hospital, Brooklyn, Class of 1900.

Miss Adelaide Bonyage, Post-Graduate Hospital, New York, Class of 1902.

Miss Rose Healy, St. Vincent's Hospital, New York, Class of 1895.

Miss Eleanor Hobart, Seney Hospital, Brooklyn, Class of 1898.

Miss Eleanor Rymal, Buffalo General Hospital, Class of 1896.

Miss Roseine Kuahke, Seney Hospital, Brooklyn, Class of 1898.

The staff now numbers forty-two.

An advance has been made in our work in caring for the eyes of the children.

The Medical Inspectors make tests for refraction, and where the sight is in any way impaired the following card is sent to the parents:

"This card does not exclude the pupil from school.

"DEPARTMENT OF HEALTH,

"THE CITY OF NEW YORK.

".....19.....

"The parent or guardian of.....

is respectfully informed that an examination of this pupil's eyes shows that vision is defective. A further examination is necessary in order to determine whether or not glasses should be worn. It is therefore recommended that.....be sent to an oculist or to one of the eye hospitals or dispensaries."

In addition to this the nurse visits the home and explains the necessity for immediate treatment. The child is taken to an oculist for a more complete examination and glasses obtained to correct the condition. A large percentage of children have been found who needed glasses. The parents are ready to avail themselves of the advantages offered and the child is returned to school better fitted to take up his studies.

LINA S. ROGERS.

STATE MEETINGS

DISTRICT OF COLUMBIA.—The Graduate Nurses' Association held a special meeting on February 2 at the Garfield Memorial Hospital, the president, Miss Novins, in the chair. Fifty-three members were present. The Credential Committee reported thirteen applications for membership; the Central Registry Committee reported four replies to fifteen letters of inquiry sent to superintendents of hospitals and clubs as to the management of their registries. The Legislative Committee reported the introduction of the bill for registration in both House and Senate. Objections of Commissioner MacFarland read from newspaper clipping as follows from the *Washington Post*: "To Representative Babcock, chairman of the House Committee of the District of Columbia, was sent a long list of objections to House bill 17,990 to define the term 'registered nurse' and to provide for the registration of nurses in the District. The Commissioners state they prefer the bill for the registration of nurses transmitted to Congress by them during the last session. These objections are raised to the act: taking effect immediately upon its passage, before time is given to get the machinery of registration into operation; to the provision that the appointment of members of the proposed Nurses' Examining Board be limited to members of the Graduate Nurses' Association because it gives to the association certain rights in derogation of rights of the community and nurses generally; to the relation of the Nurses' Examining Board to the Board of Medical Supervisors; to 'inconsistencies' in the provision for the appointment of members of the Examining Board; to the prohibition of registration of nurses under twenty-one years of age; to the clause referring to the diplomas from certain registered training-schools; to the clause relating to the revocation of nurses' registration, and the clause in regard to the pay of examiners. Several of the above clauses are in the Commissioners' bill, which differs from the bill presented by the society chiefly in not recognizing the Nurses' Association, the Commissioners selecting the nurses for the Examining Board. Owing to the short session of Congress there is little chance of the bill coming up this session." The national association having decided to consider the District association as a State association, it was voted to make formal application for membership. The superintendent of the Instructive Visiting Nurse Society of Washington, Miss Jefferson, gave a most interesting talk on the work done by the eight nurses forming that society. The society works in accord with the Associated Charities, but the nurses are chiefly working under the directions of the visiting physician of the poor. Their support is entirely by contribution from individuals and church societies. A home has recently been provided for the nurses.

NEW ORLEANS.—A course of lectures is being given during the winter season, under the auspices of the Louisiana State Nurses' Association, by prominent members of the medical and surgical fraternity. These lectures embrace many of the important subjects of interest to the nursing profession, and occur semi-monthly.

NEW YORK STATE NURSES.—Owing to the illness with typhoid of Miss Sutherland, the secretary of the New York State Nurses' Association, all communications pertaining to the society should be addressed to Miss M. E. Cameron, secretary pro tem., 231 West Sixty-ninth Street, New York City.

MICHIGAN.—The annual meeting of the Michigan State Nurses' Association will be held at Grand Rapids on March 1, 2, and 3.

REGULAR MEETINGS

MINNEAPOLIS.—At the meeting of the Hennepin County Graduate Nurses' Association, held on February 9, seven new members were elected, thus increasing the membership to ninety-one, representing graduates from nineteen different schools. After the transaction of business a profitable half-hour was spent in discussing State registration. Three papers were read by Miss Stevens, Miss Christiansen, and Mrs. Roberts, entitled as follows: "What is State Registration?" "What it Means to the Nurse," and "What it Has Done for the Medical and Will Do for the Nursing Profession." Since the association has had full control of the registry (in the hands of the Medical Society heretofore) there has been a large increase in membership and much interest in the progress and elevation of the standard of the profession has been manifested. Hourly nursing is being carried on by the association through the registry and promises to be a success. THE AMERICAN JOURNAL OF NURSING is a great help for the nurses, especially in organization work. It seems to bring them nearer one another, no matter in which part of the world or what branch of the work engaged. Articles are read from it and freely discussed at all meetings. It also was a pleasure to have the first number of the *Nurses' Journal of the Pacific Coast*, a proof, indeed, of the rapid progress of that energetic body of women in the Far West. The subject for next month's discussion will be "Nurses' Clubs and Homes."

BROOKLYN.—The monthly and annual meeting of the Brooklyn Hospital Alumnae was held in the Training-School on Tuesday, February 7, at three-thirty P.M. The meeting was called to order by the president. After the usual business was transacted the members listened to a delightful address by the president on the year's work, and also the work accomplished by our alumnae in the last ten years, this meeting celebrating the tenth year of our history. Those present showed their appreciation by a storm of applause. Miss Rowell, chairman of the Sick Committee, read a splendid report of the year's work of her assistants, showing us what a good investment our sick fund has proved to be. The election of officers for the ensuing year resulted as follows: President, Miss Elizabeth Dewey; first vice-president, Miss B. S. Monteith; second vice-president, Mrs. Jane Cogrove; treasurer, Miss M. E. Holt; recording secretary, Miss E. L. Jones; corresponding secretary, Miss Beale Cowling; director, Miss C. E. Van Ingen.

ORANGE.—At the meeting of the Alumnae of the Orange Training-School, held on January 18 at the Visiting Nurses' Settlement, a hearty vote of thanks was accorded the Committee on Arrangements for the tea and reception given to the graduating class, also to Miss Dunge for the opening of her house for the reception. A gratifying report was given of the work of the anti-tubercular

nurse. Funds for the first year had been generously provided and a committee of three was appointed to arrange for the support of the nurse for the second year, that it might be the work of the alumnae altogether. One of the honorary members, Miss R. A. Metcalfe, addressed the members upon the different and many branches of work which could be undertaken by a nurse besides the usual private or hospital work. Miss Montague and her assistants, the teachers of the domestic science branch of the Training-School, served refreshments.

NEW YORK.—On February 15 a meeting of the visiting nurses of New York City and vicinity was held at Nightingale Hall, the new Nurses' Home of the Presbyterian Hospital, Miss Damer presiding. About twenty-five visiting nurses were present, and as many members of the Training-School of the Presbyterian Hospital. Mrs. Villard, the president of the New York Diet-Kitchen Association, explained the purpose and scope of the work of the association, and how the visiting nurses may cooperate with it to furnish pure milk to their patients who are unable to buy it. Nurses from the different districts gave methods of caring for pneumonia and typhoid patients, with such appliances as could be found in the homes. After the meeting adjourned refreshments were served, and the visitors were shown through the home. There will be a second meeting in April.

NEW YORK.—The New York County Nurses' Association announces that through the courtesy of the School of Philanthropy two lectures by Mr. Alexander Johnson will be given to its members in the United Charities Building, 105 East Twenty-second Street, the first lecture, "The Ethical Basis of Philanthropy, the Sanction of Prudence, Religion, Sympathy, and the Higher Economics," on Tuesday, February 28, at three-thirty p.m.; the second lecture, "The Mother State and her Weaker Children," on Wednesday, March 8, at three-thirty p.m. The association is arranging for two excursions in the way of further study along sociological lines. Announcement of these will be made later.

NEW YORK.—The Association of Graduate Nurses of Manhattan and Bronx holds regular meetings at the League for Political Education, 23 West Forty-fourth Street, on the second Monday in each month at four-thirty p.m. This association has a membership of one hundred and four nurses, graduates from schools in other cities, but who are resident and practising in New York City. There has been some discussion as to the advisability of a benefit fund; nothing definite has been done so far, but it is hoped by the end of the year to have this satisfactorily settled.

NEW YORK.—The Bellevue Alumnae Association has elected the following officers for the ensuing year: President, Mrs. Stuart Brown; first vice-president, Miss Damer; second vice-president, Miss Harding; secretary, Miss Snyder; treasurer, Mrs. Bowling. The association had the pleasure at its last meeting of hearing a talk from Miss Shaw, a graduate of the Class in Hospital Economics, and a niece of Miss Joan Matheson, of the Class of 1883, Bellevue. The sum of fifty dollars was contributed towards the expenses of the course.

TOLEDO, O.—The graduate nurses of Toledo, O., met on November 15, 1904, at the Nurses' Home, Toledo Hospital, and organized "The Toledo Graduate

Nurses' Association," with an enrollment of sixty-six charter members. Special enthusiasm was manifested by all present. A constitution and by-laws were adopted at a subsequent meeting and the association hopes soon to be incorporated. They elected for their president Mrs. John Freeman, 1804 Lagrange Street, Toledo, O.

BUFFALO.—The Buffalo Homoeopathic Alumnae held its regular meeting on February 14 at the home of Mrs. Paddock, the president. Miss Drake, who had been absent for some months, was present, also Miss Black, superintendent of the hospital and an honorary member. It was announced that the school was now registered with the Regents at Albany and graduates were urged to file their applications for registration at once. This alumnae has been organized within the past year.

NEW YORK.—The meeting of the New York City Alumnae held on January 10 was mainly for the installation of officers, namely: President, Miss J. A. Silver; first vice-president, Miss R. P. Forman; second vice-president, Miss D. Lamb; recording secretary, Mrs. E. Haaken Hunt; corresponding secretary, Miss K. Farrell; financial secretary, Miss K. Heller; treasurer, Miss M. Drew.

PHILADELPHIA.—At the February meeting of the Alumnae of the Protestant Episcopal Hospital the Committee on Revision of By-Laws reported, and after some changes it was decided to send each member a copy three months previous to the annual meeting in June, when it will be voted upon. The meeting was then adjourned to meet in March at the Church House.

TROY, N. Y.—The annual meeting of the Troy Hospital Alumnae was held on January 19. The following officers were elected: Directress, Sister Annie; president, Margaret M. Higgins; vice-president, Margaret Dupont; treasurer, Cecelia M. Toner; secretary, Emma R. Niblock.

NEW YORK.—A special meeting of the Memorial Hospital Alumnae Association was held on January 8 to consider registration and the signing of applications for registration by the president of the association. Much interest has been shown in the alumnae regarding this work.

NEW YORK.—The German Hospital Alumnae, holding its meetings on the first Tuesday of each month, voted at the last meeting to change the hour from two-thirty P.M. to three-thirty P.M., and decided to ask members to come prepared to relate anecdotes of travel, etc.

BROOKLYN.—The Long Island College Alumnae held its regular meeting on February 14. The encouraging report was made that seven hundred and three dollars were raised by the concert, and the amount nearly clears the debt for furnishing the registry.

PHILADELPHIA.—The regular quarterly meeting of the Polyclinic Alumnae was held at the Kay House on January 12. The attendance was good. One new member was admitted. Five applications for membership were read.

OWENSBORO, KY.—At the annual meeting of the Owensboro Nurses' Association Miss Hart was elected president and Miss Johnson secretary. The meetings are held monthly on the second Tuesday.

TRUV.—The third annual meeting of the Samaritan Hospital Alumnae Association of Nurses was held on February 1. After the business meeting a banquet was given in honor of the Class of 1905.

DETROIT, MICH.—The annual meeting of St. Mary's Alumnae was held on January 12. The election of officers resulted in Miss Burke being made president and Miss Clark secretary.

SCRANTON, PA.—The annual meeting of the State Hospital Alumnae was held on January 19. Miss Elizabeth Reddington was elected president and Miss Alice M. Brice secretary.

BIRTHS

To Mrs. B. Radcliffe, *née* Betz, Toronto General, a daughter.

MARRIAGES

In Manila, P. I., December 24, 1904, at the residence of the Archbishop, Dr. Kent Nelson, United States Army, to Edith M. Wills, late chief nurse, First Reserve Hospital, Manila. Dr. and Mrs. Nelson are spending a month in travel in China and Japan.

In Manila, P. I., December 24, 1904, at the Presbyterian Church, Dr. James D. Fife, United States Army, to Katherine Reynolds, Army Nurse Corps. Dr. and Mrs. Fife left at once for a honeymoon trip to China and Japan.

At Middletown, O., January 18, Miss Mabel Martin, Lakeside Hospital, Class of 1903, was married to Mr. Clyde Dana.

OBITUARY

At the February meeting of the Alumnae of the Methodist Episcopal Hospital of Brooklyn the announcement was made of the death of Mrs. A. F. Van Deventer, *née* Mary C. Meninger, which occurred at her home in New York on January 21, 1905, after a short illness, of typhoid fever.

A committee was appointed who prepared the following resolutions:

"WHEREAS, We learn with deep regret of the sudden death of our esteemed friend and past member.

"Resolved, That the members of the Alumnae Association of the Methodist Episcopal Hospital Training-School for Nurses desire to express their deep sorrow for her death and to extend to her family their heartfelt sympathy in their bereavement.

"Resolved, That a copy of these resolutions be sent to her husband and

family, a copy to THE AMERICAN JOURNAL OF NURSING, and a copy recorded in the minutes of this association.

"J. ADELAIDE PRENTIS,
"LILLIAN L. WATERMAN,
"JULIA W. KLINE."

AT Sharon Hill, Pa., February 7, 1905, Anna M. Blair, of the Class of 1905, Massachusetts General Hospital.

"The Boston and Massachusetts General Hospital Training-School Alumnae, of which Miss Blair was a member, feel deep regrets in her loss, and extend to the bereaved family their heartfelt sympathy.

"Her illness, which was a long one, was borne with patience and cheerfulness, and her many friends will cherish this with her memory.

"FRANCES A. CHANDLER,
"MARGARET L. LEA,
"MINNIE S. HOLLINGSWORTH,
"Committee."

"Miss KATHLEEN O'REILLY passed out of her suffering on January 19.

"We, her classmates of the Massachusetts General Hospital, feel deep regret in her loss and extend our heartfelt sympathy to her bereaved family.

"Her kindness and brightness in her work and her unflinching courage and cheerfulness throughout her long illness will always be cherished tenderly with her memory."

ON January 16, at her home in Yonkers, N. Y., Miss Ruth H. Prima, graduate of the Presbyterian Hospital, New York, Class of 1903.

IN Orange, N. J., on February 8, 1905, Miss Janet Houlden, president of the Alumnae Association of the Orange Memorial Hospital.



HOSPITAL AND TRAINING-SCHOOL ITEMS

TRAINING-SCHOOL NOTES

THE Board of Examiners of Trained Nurses of North Carolina have issued the following interesting circular letter:

"January 14, 1905.

"DEAR MADAM: I beg your early coöperation in the following undertaking:

"That the training-schools for nurses in North Carolina establish a three-years' course and a uniform curriculum. That all the superintendents of training-schools in the State unite in an effort to have a preparatory course for nurses established at the State Normal and Industrial College at Greensboro, N. C., this six or nine months' course to be a part of the three-years' course and cover the following subjects: anatomy, physiology, household and personal hygiene, materia medica, chemistry of foods, invalid cookery, elementary biology, bacteriology, a review of English and mathematics.

"A similar course is now in operation at Johns Hopkins, Drexel Institute, and Simmons College; Harvard is about to establish such a course.

"I already have the promise of help from Dr. Melver, president of the Normal and Industrial College, and Superintendent of Public Instructions, Mr. Joyner. I feel confident that this course can be established if we show its need; and that in a few years we can supply our training-schools entirely from those who have taken this course. From the very first we should give them the preference.

"Would you suggest a meeting of all the superintendents, or a committee to look into and decide the matter? I am anxious that this course be put in next fall.

"Any suggestions would be greatly appreciated.

"Yours very truly,

"M. L. WYCHE, Secretary."

It has been the custom for some years in the Johns Hopkins School for Nurses to arrange for a series of lectures given by different people representing the various forms of social and philanthropic work of Baltimore and occasionally of some other cities. Though designed for the graduating class, these lectures have always been open to the other students. This year, instead of the usual lectures, a regular course of study was planned, which was carried out under the guidance of Mrs. John Glenn. The arrangement of subjects follows:

CONSTRUCTIVE CHARITY WORK. SOME OF THE PROBLEMS AND SOME OF THE RECOGNIZED MEANS OF RECONSTRUCTION. SIX LECTURES.

1. Causes of Dependence.

Due to misconduct, to misfortune; individual and social causes, their relation to each other. Social measures to prevent dependence.

2. A Standard of Living.

The right of every man.

The needs of a self-respecting, self-supporting family. Modifications of a standard of living due to racial differences. Danger of weakening any of "the motives that urge" a man to strive.

3. Investigation. An Essential Means.

Helpful treatment based on an accurate knowledge of causes of distress. Need of trained investigators. Methods. Value of accumulating knowledge as a basis of social study.

4. Principles of Relief.

Indiscriminate giving a cause of pauperism.

Correct definitions of "to give" and "to help."

Relief given in the home, secured from most natural sources, adequate to the need, given with intelligent oversight, used to develop power of self-support. Evolution of charitable impulses.

Distinguishing marks of a right policy of relief.

5-6. Cooperation: with the family in need, with its neighbors, with the charitable, social, and civic forces. Two lectures.

Basis: intimate knowledge of need of individual and of available resources; mutual understanding, candor, and good-will. Forces to be used: family, personal, neighborhood, civic, private charity, public relief. Cooperation with public schools, recreation centres, libraries, the Health Department, police force, etc.

THE Rhode Island Hospital Nurses' Club is having this year a very interesting series of papers, and we give the subjects as they are so very suggestive.

Philanthropic Movements in the United States that have Awakened and Promoted the Nursing Profession.—"The First Hospitals," "United States Sanitary Commission," "The Red Cross Society," "Establishing of Training-Schools for Nurses in the United States."

Discoveries in Medical and Surgical Science during the Past Century.—"Anesthetics," "Antiseptics and Asepsis," "Disease Bacteria," "Serum Therapy," "X-Ray and Finzen Light."

History and Work of the Organization for Nurses in America.—"American Society of Superintendents of Training-Schools in America," "The Associated Alumnae of America," "Course in Hospital Economics at Teachers College," "THE AMERICAN JOURNAL OF NURSING," "The Spanish-American War Nurses," "The Church in Relation to the Hospital," "Nursing Orders of the Roman Catholic Sisters," "Episcopal Sisters," "Deaconesses," "Recent Methods of Treatment at the Rhode Island Hospital," "Review of Important Events of the Year."

THE graduating exercises of Christ Hospital Training-School were held in Philips Hall, Jersey City, on the evening of January 12. Twelve young women, forming one of the most promising classes ever graduated from the hospital, received diplomas representing a three-years' course, three months of which were spent in the Lying-in Hospital of New York, from which hospital they also received diplomas.

Archdeacon Jewrey presented the diplomas and Rev. E. S. Forbes the medals with short and impressive remarks.

The following is the personnel of the class: K. Elizabeth Reid, Jessie S. Mitchell, Mildred L. Dean, L. Elizabeth Hollis, Hazel B. DeLany, Helen Demarest, Bonnie B. Wam, Edwilda M. Groves, Laura A. S. Conley, Eliza Crulman Vidler, Marion A. Freeman, and M. Louise Pugh.

An innovation of the programme was the presentation of two volumes, "Autobiography of Seventy Years," by Senator Hear to Dr. G. K. Dickinson as a mark of appreciation of his interest in the graduating class during their three-years' hospital life.

THE following nurses were graduated from the Samaritan Hospital Training-School of Troy, N. Y., on February 1, 1905: Eudocia Higley, Glens Falls, N. Y.; Martha Jane Stewart, Watervliet; Jessie Hannah Pultz, Stockport, N. Y.; Cordelia Munson Armstrong, Utica, N. Y.; Grace Adeline Stiles, Fort Ann, N. Y.; Lexis Teresa Dowd, Little Falls, N. Y.; Jean Huber, Hazleton, Pa.; Dorothy Heidenreich, Hazleton, Pa.; Inger Thira Miller, Upper Troy, N. Y.; Jennie Grace Spiers, Cohoes, N. Y.; Nettie May Brewer Roy, Mechanicsville, N. Y.; Sarah Almira Stewart, Rensselaer, N. Y. The exercises were held in the assembly-room of the Thurman Home. The address was given by Dr. H. O. Marey, of Boston. Following the exercises a social time with dancing was enjoyed.

A SERIES of lectures to the graduates and pupils of the Presbyterian Hospital, New York, have been given during the winter in the Florence Nightingale Hall on countries and events relating to the war in the East by Miss Adele M. Field. The subjects have been "Russia," "Korea," "China," "Japan," "The Beginning of the War," "The Progress of the War to Date."

THE Boston Floating Hospital will be put into commission early this summer, and the nursing staff is now being enrolled. The experience is excellent, especially for nurses who have not had the practical care of children in the hospitals where they have been trained.

THE General Hospital at Woodstock, Ont., completed a new nurses' residence in February, the gift of one of Woodstock's public-spirited men.

PERSONAL

WHEN planning for your summer vacation do not forget the meeting of District Nurses to be held in Portland, Ore., in July. There will be special excursion rates across the continent, and opportunities to meet people interested in all branches of social work. The citizens of Portland are offering us a most cordial welcome. The whole affair promises to afford an exceptional opportunity to see the great West and to get much inspiration from meeting men and women who are devoting themselves to work that on all sides touches that of the district nurse. The programme and definite plans for transportation will appear in a later issue of the JOURNAL. Meanwhile, any inquiries may be addressed to Jane Elizabeth Hitchcock, Chairman District Nurse Commission, 265 Henry Street, New York City.

Mrs. GRACE TROUTMAN, of the Class of 1894 of the Methodist Episcopal Hospital, Brooklyn, N. Y., after being connected with the Sharon (Pa.) Hospital for three years, and for the last four as head nurse of Grant Hospital at Columbus, O., has resigned to take a much-needed rest. Mrs. Troutman will go to her home at Jamestown, Pa. Her successor at Grant Hospital, Miss Tuttle, Class of 1897, Methodist Episcopal Hospital, Brooklyn, will take charge March 1.

Miss MARGARET SUTHERLAND, the secretary of the New York State Nurses' Association, has been very ill for some time with typhoid fever, contracted in caring for a patient. Miss M. E. Cameron has kindly consented to take the secretary's work until Miss Sutherland is able to go on with it again. Miss Cameron's address will be found in the Official Department.

Mr. F. KING, Class of 1903, and Mr. Roy McCall, Class of 1904, McLean Hospital Training-School, Waverley, Mass., have located in Philadelphia. They have joined Mr. Walter J. Otis, Class of 1903, and Mr. Edward Murch, Class of 1904, who are there engaged in private nursing.

MISS LILIAN D. WALD gave a talk to the nurses of the Monroe County Association and their friends at the Club-Rooms on the evening of February 3 on the subject of the work of the Nurses' Settlement. Miss Palmer, Miss Allerton, and Miss Keith were the hostesses.

MISS MARGARET P. FRIDHAM has resigned her position as superintendent of the Training-School of the Medico-Chirurgical Hospital, Philadelphia, to accept a similar position in the Jewish Hospital in that city.

MISS ALBERTINE MACFARLANE has been appointed superintendent of nurses at the City Hospital, Vancouver, in place of Isabel Turner, resigned. Both of these nurses are graduates of the Toronto General.

MISS NELLIE F. PANTIDGE, who has been in charge of the Out-patient Department of the Massachusetts General Hospital, is now superintendent of the Cambridge Hospital, Cambridge, Mass.

THE nurses of the Toronto General were presented at Christmas with a new piano by Mrs. J. W. Flavelle and Mrs. P. C. Larken. Also ten new books from Mrs. T. C. Wallace.

MISS LUCY V. PICKETT has resigned as superintendent of the Newport Hospital after ten-years' service. Miss Pickett is a graduate of the Massachusetts General Hospital.

Mrs. JOHN ECHLIN, *née* Somerville, graduate of the Toronto General, has removed from Winnipeg and is now residing in Cottingham Street, Toronto.

MISS BRENT, superintendent of the Children's Hospital, Toronto, gave a reception on January 18 which was a most enjoyable affair.

MISS KATHERINE VAN INGEN, night superintendent of the Brooklyn Hospital, is recovering from a serious surgical operation.

MISS P. E. THOMPSON, Massachusetts General, has gone abroad for a trip through Italy.

MISS MURIEL GALT is at the Nursing Settlement, Henry Street, New York.

MISS EUNICE SMITH is head nurse at the New York Lying-in Hospital.

MISS GARNET I. PELTON is resident nurse at the Denison House, Boston.



A DRINKING-CUP in use in the Asheville, N. C., public schools is admirably adapted to use in any public place. A low basin has a pipe coming up in the centre, the end of which is dilated into a cup. A fountain of water is continually rising in this pipe, filling the cup, and overflowing the sides into the basin. The child bends over and drinks from this fountain, and the cup is constantly being washed, so that there is no possibility of contamination.